STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE

FOR

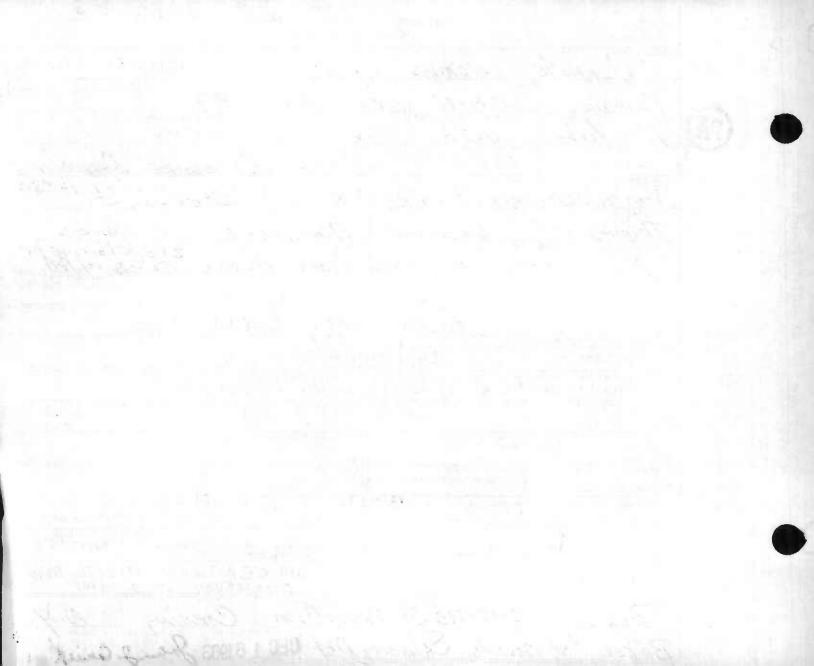
(VRA 15, 4)

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#		FOR# 5-6 Film STATE REGISTRAR 2-2-84	Ur	STATE OF MARYL PARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL PYGIENE DEATH	REG. NO.	ONTH DAY	YEAR	26 HOUR
		CEASED NAME FIRST FRANK		CANNON		COPDEATH M		83	8 25 M
	3. SE		4. RACE BLK	5. DATE OF BIRTH  MONTH  DAY	1917 6. AGE	IN YEARS LAST GIRTHE	YRS.	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN TO STATE OR FOREIGN		MARRIED A NEVER	MARRIED W	MORE CITY OR I COMIC	0		MD.
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filled in hould be	13e. :	AL RESIDENCE (IF MURSING HOME OF TATE 136, COU		ISBURY YES	NO X 4	S KOL	IP CODE	8.5	401
ompletely	14. F/	THER'S NAME FIRST 1060	MIDDLE CANN	IS. MOTHER	S MAIDEN NAME FIRST LULA	MIDDLE	He	DrDC	94
on and co		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIA IVE WAR OR DATES) 220 -	10-9734 LOC	uise Dun	CAN	Add,	SAN	re AS
that the death certific by the attending phy ass remove carbango ob, cremation, ar rema rother traumatic even		PART I. DEATH WAS CAUSE  12 20 MMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	TE CAUSE (a)	regulive fl		m			<u> </u>
NG PHYSICIAN: The law requires otherding physicion. Her this certificate has been signed as the burial-transit permit. Then plit hand Mental Hygiene prior to burial orked or Item 18 shows any injury, and orked or Item 18 shows any injury, and inj	CERTIFICATION	PART 2 OTHER SIGNIFICANT OBSTUDIES 19a DATE OF OPERATION	2 Pulmy	OF TO DEATH BUT NOT RELATED  WHICH OPERATION WAS PERFO		UTOPSY?	TION GIVEN II  Ob. IF YES, WE IN CERTIFYING  YES	ERE FINDIN	IGS USED
SICIAN: THing physicic certificate and transit from 18 should hygistern 18 should have been should have be	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR	NJURY OCCURRED (ENTE			,	
ING PHY After this os the builth and M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.	12/0		CITY OR TOWN	4	COUNTY	STATE
ATTEND ospitol o eCTOR: A d for use t. of Heal m 21 is m		sow the deceased the obove (1) (this hosp	n 2/12 ot) view the body ofter death.	_19, and that in the	(our) opinion death acc	urred on the dote	ond hour one	from the c	
by the hy ERAL DIRI		22d. SIGNATURE	eld M. M	m DEGREE  MD  122e ADDRE	ATTENDING MEDIC PHYSICIAN DIRECT	AL STAFF OR PHYSICIA	N 🗌	12/1	483
TO HOSPITAL retoined by 1 TO FUNERAL with the Store With APORTANE	00	D. M. W.	TOO MD		PHINC.	OCATION.	•		
BP		BULLAL	12-18-83	St. MAY S B	Aptist W	est Post	offic	SOF	, Md,
DHMH - 16 50M 4/83 (VRA 15 4)	74 F	JOMLEY MEN	norial Cha	DEL SHIS 4	H. DEC I	9"1983"	b. REGISTRAR	SSIGNATI	MELLEN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH L DECEASED NAME MONTH 7b. HOUR (TYPE OR PRINT) MAN QNETTE 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF (STATE OR FOREIGN MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED [ 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION O'CITY OR TOWN OF DEATH 120 USUAL OCCUPATION Peninsula General Hospital Salisbury 13 CHY OR TOWN & 13d. INSIDE CITY LIMITS? A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN' IYES, NOLOR UNKNOWN) ( IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1
PART I. DEATH WAS CAUSED BY: Hear IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF cronary Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF LUSION underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION and limm. 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I Hygi 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IN EITHER NOTHY MEDICAL EXAMINER) 19 P.M. 211 LOCATION 71d INJURY OCCURRED 71e. PLACE OF INJURY 5 COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORE AT WORK 12141 83 22e.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on, \_, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) I did not) view the body after death 22h. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN L DIRECTOR PHYSICIAN PORTANT 224 PHYSICIAN'S NAME LITTE OF PRINTS 22e. ADDRESS EASTBILIV. SHOKIZ. d b show. 2(801. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23s. BURIAL CREMATION, REMOVAL 23h. DATE COUNTY 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)



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6,	FOR STATE REGISTR	AR		DEPARTI	MENT OF H	OF MARYLANI EALTH AND MEI CATE OF DEA	NTAL HYG	IENE 3 4	4 2	1
M	I. DECEASED N (TYPE OR PRINT)	AME FIRST  JENNIE		C.	CHAND	LER			DAY YEAR 1983	26. HOUR 12:20PM
W)	3. SEX Fer	ale	4. RACE Whit	e	5. DATE O	DAY	YEAR 898	6. AGE (IN YEARS LAST BIRTHDAY)  85  YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
earth. Pa	70. BIRTHPLACE	(STATE OR FOREIGN		WHAT COUNTRY?	MARRIE(	NEVER MAI		9. BALTIMORE CITY OR COUN WICOMICO		MD.
to offer of	Salist	ury	Deer !	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITU	NOITU	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE INDUSTRY	OF BUSINESS OR
hin 24 hour sly filled in should be I	USUAL RESIDE 130. STATE Maryla	nd Wico	OR OTHER INSTITUTION	13c. CITY OR TOW Powe 1	ADMISSION)	13d. INSIDE CITY	LIMITS?	Rt # Box 144	Pitts	ville
ed within impletely and 2 sh	14. FATHER'S N.	AME es 1	R.MIDDLE	Sayers		Ger tr		ME	Hadder'	.ST
n and ca Pages 1	160 WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	215-36-0		17 INFORMANT		Joseph H. Kell Pittsville, M		
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hauring the standing physician.  After this certificate has been signed by the attending physician and completely filled in the standing standing standing the standing standing the standing standing the standing standing the standing stan	Canditic gove r. couse underly!	292 ns, if ony, which se to immediate oi, stating the	DUE TO, C  DUE TO, C  CONDITIONS C	DR AS A CONSEQUE	ENCE OF  ENCE OF  DEATH BUT  LEE H	0919	2-dy	IN CER	ES, WERE FIND TIFYING CAUSE	INGS USED
TENDING PHYSICIAN: The rid or attending physicion OR. After this certificate in or use as the Buriol-transity of Health and Mental Physics is marked or them 18 sha	OR CONTR (16 EITHEI 21d INJU WHILE AT WORK 220.1 Cerl	ENT WAS UNDERLYING BUTING CAUSE OF D NOTIFY MEDICAL EXAMIN RY OCCURRED NOT WHITE AT WORK ify that (1) (this hosy the deceased alive o	21e PLACE (AT HOME SI pital) attended to 12-30	.M. MONTH D.  OF INJURY  REET, FACTORY, OFFICE, I	19 ARM ETC	211. LOCATION STREET	19_83	RED (ENTER NATURE OF INJURY IN ITEM )  CITY OR TOWN  10 12-30  death occurred an the date and h	COUNTY	STATE that (we) lost
HOSPITAL OR AT	27b. SIGN	ATURE	Shu	ofter death.		ATTI PHY 270 ADDRESS	ENDING YSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN C	22c. DATE	30-83
BP	(SPECIFY)  24 FUNERAL D NAME	EMATION, REMOVA Burial RECTOR OWAY Fune	1/3/	/1984	Powe 1	metery or cre lville C	25a. DATE	E REC'D. BY REGISTRAR 256, REG.		

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Joseph H. Kelicy (Daughter , Pittsville, Ed. 21850	1. Jox 1451	215-36-06091 R		ois
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	1-	FOR STATE	DEPAI	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	Section 3	4 4 2 8
		REGISTRAR  EASED NAME OR PRINT!  JOSEA	of Merritt	Chandler Jr.	20. DATE OF DEATH  Dece	MONTH DAY YEAR 76. HOUR
TAIL	3. SE	male	white	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS. DAYS HOURS MIN.
of on	1	RTHPLAGE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomi	M
led will		Salisbury	Peninsula	sing home or other institution General Hospita.	1 Programme 12 (17) 12	
33	MI	Arylano WI	COMICO SALS	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	308 Pc	IND Ame 2180
12		Joseph M	MIDDLE Chandle	n. Sr NOR1	A WIDDLE	White
s. Poges	16a V		RMED FORCES? 166. SOCIAL SE WE YAPPOP DATES! 231-01	-7353 MARTHAL	. Chandle	n See Sec 13
emovol.		PART I. DEATH WAS CAUS	inly one couse per line for ip), (b), ED BY: NTE CAUSE (o)	bothe Colon Com	ru.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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to buro	NO.	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TE	rminal disease or Con	DITION GIVEN IN PART ITO
we only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO
Mentol Hygie Them 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPART 2}
ith and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	216 LOCATION STREET	CITY OR TO	WN COUNTY STATE
of Heo 21 is m		sow the deceased alive a above, (I) (we) (did) (did n	oital) attended the deceased from  19 ot) view the body after death.	ond that in (my) (our) opinion,	on death occurred on the de	, 19 , that (I) (we) los ate and hour and from the causes stated
NT: If hem		22d, PHYSICIA	OR PRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS		
MPORTANT: II		Joseph M	. GRASSO	1300 S.	OLUISIUM SC	+ SALISBURY M
		SURIAL CREMATION REMOVA	12-5-83	PANKSLEY CEMATOR	TANKSL	ey ACCOMAC STYA
50M 4/83	24. F	BAKEN & BOUN	ds SALISBUT	EY M & 21801 150	^ 0	2) REGISTRAR'S SIGNATURE

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	I. DE	STATEL 2/29/83 REGISTRAR FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
0 0		JOSE!		COOPER	December 22	1983 10:45
ra ofter	3. SE	Male	Black	5. DATE OF BIRTH  MONTH DAY YEAR  7 24 /92		MONTHS DAYS HOURS M
25	7a. 81	ATHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED ■ NEVER MARRIED WIDOWED ■ DIVORCED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	17.55	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE  Deer's Head		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!)	12b. KIND OF BUSINESS INDUSTRY
136	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		2180 et
b	_	THER'S NAME	MEDIL CORPS	15. MOTHER'S MAIDEN	NAME	Kreeve
1 de		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SUCIAL SEC		ADDRESS (0000 909 lines	Canho Md.
popers, noval.		PART I. DEATH WAS CAUSE			Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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to burial ripery, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	
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or view of Health		saw the deceased alive ar	ital) attended the deceased from		ian death accurred an the date and	, 19, that (I) (we) have and from the causes state
		77h SIGNATURE	Shultha	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAFF	220. DATE SIGNED
e Dept.			OR PRINT)	22e. ADDRESS	N DIRECTOR PHYSICIAN	1121210-
ORTANT: If her		22d. PHYSICIAN'S NAME HYPE	estha M.D.		ead Center Salis	bury Md. 2180

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		FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL AT	GIENE 3 4 4	3 2
0.	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
+4	1 DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
2 251		ORPRINT) FRANCIS	LINDALE	COVERDALE	DECEMBERA	191983 22054
io, A	3. SE	/ /////C/IS	1 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4 (14)		MALE	WHITE	MONTH DAY YEAR NOV, 17, 1910	73 YRS.	WONTHS DAYS HOURS MIN.
0 10///	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B	9 BALTIMORE CITY OR COUNTY	OF DEATH
# 15 /6		DEL	11.5.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
P 11/2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR E) INDUSTRY
10 00 11	1	Salisbury /	Peninsula	General Hospital	FARMER	FARMING
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours yescian and completely filled in to open Pages 1 and 2 should be full you.	UsU	AL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	99999
ND 24	1	DEL. KE	NT HARR	NGTON YES NO	R.D. 3 BOX 10	19952
ALA STATE	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	1464
IAR die	1	and the second second second	MIDDLE LAS	PALE ARMINT	-A W) K	ILLEN
E. N	16g \			SECURITY NO. 17 INFORMANT	ADDRESS P. D	3 BOX 10
AOR COMP			E WAR OR DATES)	2-0167 DOROTHER	R. COVERDALE HA	PRINGTON, DE
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ned by pleasi			( (c)			(FALBARY )
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART ITO
RECORDS.	CERTIFICATION	190 DATE OF OPERATION	TIAL CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
law law	2	176 DATE OF OPERATION	190. CONDITION TOR W	THE TOTAL ATTENDED	INCERTIF	YING CAUSES OF DEATH?
	E			I al HOW MINING OCCUP		S NO
DIVISION OF VITAL  ING PHYSICIAN: The  r attending physician  this certification  so she buriof-transity  int and Mental Hygies  orked or them 18 step	B	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ARI I OR PARI 2)
HYSICIA nding ph his certifi burnol-tr d Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
HYSI nding	E	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME_STREET, FACTORY, O	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VISI G Pl opter the ond sthed	2	WHILE NOT WHILE AT WORK	(A) NOME SIREE!, FACTOR!, O	rrice, rain, esc.)		
A Africa A A		220.1 certify that (I) (this hasp	ital) attended the deceased f	rom 12/20/ 19 8	3 to 12/29	1985, that (I) (we) lost
THE STATE OF THE S		saw the deceased alive an	12/29	^ - /	death occurred an the date and hou	r and from the causes stated
R ATT haspined for the ATT head for the ATT		above, (I) (we) (did) (did no	i view the body after death.	DEGREE		22c DATE SIGNED
0 0 0 0 0		200. 310119	111	ATTENDING	MEDICAL STAFF	1-7-64
RAL RAL	-	77d PHYSILIAN S NAME AND	FILL	PHYSICIAN  1220 ADDRESS	DIRECTOR PHYSICIAN	17-3-0 1
HOSPITAL ined by th FUNERAL vid be dete		72d PHYSICIANS NAME	7	_ Me ADDRESS	721 000	100 00 1120
TO HOSPITA PRODUCE BY TO FUNERA PHOUSE BY WITH THE STORM IMPORTANT		J. h.	KAFFE	70 0	O TT SALI	SBURY, MD.
CACTICIC	23a.	BURIAL, CREMATION, REMOVAL		23C NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
1999BP		BURIAL	JAN, 2, 1984	HOLLYWOOD CEMETER		CENT DEL
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	50 COM	MERCE ST. 250. DA	ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	7	ewis D. Mc Kus		GTON, DE 19952	1 1 1000 0 0	00.00

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ge 4 mo.	3 SE	× MALE	4 RACE	HITE	S. DATE C	7. 22,	1905	6 AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	HOURS MIN.
leoth. Po	4	IRTHPLACE (STATE OR FOREIGN COUNTRY)  W Jersey		USA	WIDOWE		ORCED 🗌	9 BALTIMORE CITY OR WICOMIC	-	FDEATH	MD.
by the filled will	1	SALISBURY	DE	OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET ER S HEAD	CEN!	ROTHER INSTIT	NOITUT	IZE USUAL OCCUPATION OF Truck dr	WORKING LIFE	INDUSTRY	FBUSINESS OR Sportati
filled in	130	AL RESIDENCE (IF NURSING HOSTATE  Tyland  T	ow or other institu OUNTY albot	13c, CITY OR TOWN Newcom	'N	13d. INSIDE CIT	2.2	13e.STREET ADDRESS / Rural 2	ZIP CODE		
ompletely				rawford			RST	Wount		LAS	
on ond co		WAS DECEASED EVER IN U.	S. ARMED FORC	16b. SOCIAL SECU (ES) 147-01-		Leland		rawford			er Cir.
juires that the death certific signed by the ottending phy hen please remove carbon part of tremotion, or removiny, or other traumatic even	Z	Conditions, if ony, which gove rise to immedia couse (a), stating the underlying couse los	DUE TO DU	O, OR AS A CONSEQUE  O, OR AS A CONSEQUE  O, OR AS A CONSEQUE  E)	ENCE OF	NOT RELATED T	c and	divascula nal disease or cond us hos cle	ITION GIVEN	4	uediate
he low recon.  hos been the permit. If the prior the pri	CERTIFICATION	19a DATE OF OPERATION		ONDITION FOR WHICH		N WAS PERFOR		'20a AUTOPSY?  YES NO	20b. IF YES, VIN CERTIFYIN	G CAUSES	
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O HOSPITAL OR ATTI etained by the hospit TO FUNERAL DIRECTG should be detached for with the State Dept. of Whospiant: if them 21		sow the deceose obove, M (we) (d 22b SIGNATURE 22d PHYSIQIAN'S NA	C/G	Unic DR PRINT)	ki	-19	22e. ADDRESS	DING CIAN 201	MEDICAL STA	FF	22c. DATE	
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niloway Funeral Form, D.A. Salisbury, Ed.	

8	LAN	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH
11	VI		REG. NO.  CEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
5	y be oge 3 death		JOHN MARTIN Eskridge SR, December 1 1983 505 PM
	Poge 4 mo	3. SE	MALE  4 RACE  5. DATE OF BIRTH J  MONTH DAY  YEAR  9-2-03  6 AGE (IN YEARS LAST BIRTHDAY)  WONTHS DAYS HOURS MIN.  WONTHS DAYS HOURS MIN.
	death. Po		IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED WICOMICO  MD.  MARRIED NOTE: NEVER MARRIED WICOMICO  MD.
102	by the filled with	) :	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  CONST.
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MARYL	mpletely ond 2 st	14. F	ARTHUR ESKRIDGE FIRST WIDDLE AST
BALTIMORE,	n ond co Pages 1		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKYOWN) (IF YES, GIVE WAR OR DATES) 211-10-9736 AUDREY ESPRING CALESTOWN
201 W. PRESTON ST.,	quires that the death certificate signed by the attending physici hen please remave carban paper to buriol, cremotian, ar remavol. ijury, or ather traumotic event, the	z	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a
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ON OF VIT	SICIAN: ng physical certification or indication in the certain in	MEDICAL CE	218. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  218. TIME OF INJURY   216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  218. TIME OF INJURY   216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  219. TIME OF INJURY   210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  211. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)  212. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
IVISIO	then the ond	A	WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	OR ATTENDING DIRECTOR: After othed for use os Dept. of Health If Hem 21 is mork	Ye.	220 Lertify that (1) (this hospital) oftended the deceased from 12 1 , 19 83 , to 12 1 , 19 83 , that (1) (we) lost saw the deceased alive an 12 1 , 19 83 , and that in (my) (sort-opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (shift 10) view the body ofter death.
	by the hosp ERAL DIRECT edetoched for State Dept. a		226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  12 183
	TO HOSPITAL of retoined by the TO FUNERAL Is should be detoined with the State I IMPORTANT: If	92	RODNEY A. ( WENRICH 100 POWER ST. SALISBURY Md. 21801
	BP		JURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF DATE OF CEMETERY OR CREMATORY 236 LOCATION CITY OF DATE OF COUNTY
	DHMH - 16 50M 1/81 (VRA 15, 4)		JULIE COLA F. H. CHARPTOWN, MD. DEC 6 1983 John & Court



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(M)	REG	SED NAME	FIRST		MIDDLE JLIN		EAR I	ERTIFICAT NS	E OF DE	20. DATE KNOV			26. HOUR
N STREET	3. SEX	4_R		5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHO A'	IF UN	DER 1 YR. IF UN	DER 24 HRS.	2c DATE PRONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR 0915
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTORE, PAGA AFTER DEATH, WITH THE STATE BALLTMORE, MARYLAND, 2120	AC SIG		at I toak charg	e af the remains de ral causes X.	Accident	, Suic	М.	Hamicide  TITLE (SPECIF D. Dept	TY)  AMDEN A	Inquiry X, termined manner	0.0.	12-6-	
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4 co	(TYPE	CRASED NAMES FIRST	PNCE GOSSAWAY  RACE IS. DATE OF BIRTH	26. DATE OF DEATH MONTH DAY YEAR 2b. HOUR DECEMBER 15, 1983 2330		
ours offer	3. SEX	ALE	WHITE S. DATE OF BIRTH  6/9/08  VEAR	75 YRS.		
C(8 3	7e BII	COUNTRY BALTIMORE	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 13. NOT COUNTRY? WIDOWED DIVORCED 1	9. BALTIMORE CITY OR COUNTY OF DEATH WICOMICO		
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oers. Pages II. the medica	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 215-18-9299 DEER S HEA.	D CENTER S LISBURY, MD.  APPROXIMATE INTERVAL  RETWEENLOWST AND DEATH		
n The please remove cab to purial, crematian, arr ar ather traumatic	MOIN	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS X CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART ITO  THE AUTOPSY? THE IF YES, WERE FINDINGS USED		
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Dept. of Health and Mental Hya	MEDICAL CER	The ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- (15 UNION SOLIST MEDICAL EXAMINATION THE INJURY OCCURRED  WHILE DISTRIBUTION ALT WORK  220.1 certify (but (1) (this begins to be a contribution) and the december of bid (2) (bid of 2) (bid	P.M. 19  21s. PLACE OF RIJURY (sa) Howe Shires, sacroer from 19  10th Handest has december of rest. Fallow States  10 years the body after death.  10 years the body after death.	CITY OF TOWN COUNTY DATE THAT (I) (we) So death occurred on the date and hour and finer the course stated  MERCAL STAFF		
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		STATE OF MARYLAND	23	3 4 4 5	54
FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL H	YGIENE		
REGISTRAR		CERTIFICATE OF DEATH			
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William	Cannon	900d	Decembe		0600
X	1. RACE	S. DATE OF BIRTH		THDAY) IF UNDER 1 YEAR	HOURS M
male.	Caucasian	June 27 191	2 7/	YRS	
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Md	U.S.H.	WIDOWED DIVORCED	□ W1COM1		
					F BUSINESS
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18 d. Wic	omico Powel	VILE YES NO	R+1 Pitts VI	tle Whiton	Rd
ATHER'S NAME FIRS	MIDTE D LAST	15. MOTHER'S MAIDEN	NAME	0110	52
Fred	K GOOL	J. Sr. Nellie		Jor	105
		EQURITY NO. 17 INFORMANT	ADDRE	ESS O'	11 41
No	- 217-10	-8793   Ekanor K	Shockley Kt	- Bex93/it	SVILL
18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b)	), and (chil	1	APPROXI BETWEEN C	MATE INTERVA
		a metaslatic G	olan Canac	22	
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	C AN THE OF BUILDY		YES NO	YES 🗌	NO 🗌
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(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	19			
			CITY OR TO	WN COUNTY	STAT
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E BI	ECEASED NAME PE OR PRINT!  EX  BIRTHPLACE (STATE OF FOREIGN COUNTRY)  UAL RESIDENCE (IF NURSING HOME STATE 13b GQ)  FATHER'S NAME FIRS  WAS DECEASED EVER IN U.S. A (YES, NO.OR DINKNOWN) (IF YES, O  CONditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, IN JURY OCCURRED	ECEASED NAME PE OR PRINT)  EX  A RACE  CA UCA SIAN  BIRTHPLACE (STATE OF FOREIGN COUNTRY)  CITY OR TOWN OF DEATH  SAlisbury  UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY INC. STATE  WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR DINNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for tal, to part 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSE  CONDITIONS, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  196 DATE OF OPERATION  197 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210, ACCIDENT WAS UNDERLYING HOW AM. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2116 PLACE OF INJURY HOUR A.M. MONTH P.M.  2116 INJURY OCCURRED  2116 PLACE OF INJURY HOUR A.M. MONTH P.M.  2116 INJURY OCCURRED  2116 PLACE OF INJURY HALLOW SUPPLY OF CONTRIBUTION OF STREET EACTORY OF STATE OF TOWN OF STREET EACTORY OF STATE OF TOWN OF STREET EACTORY OF STATE OF TOWN OF STREET EACTORY OF STATE OF THE PLACE OF INJURY LATER OF TOWN OF STREET EACTORY OF STATE OF THE PLACE OF INJURY LATER OF TOWN OF STREET EACTORY OF STATE OF THE PLACE OF INJURY LATER OF TOWN OF STREET EACTORY OF STATE OF THE PLACE OF INJURY LATER OF TOWN OF STREET EACTORY OF STATE OF THE PLACE OF INJURY LATER OF TOWN OF THE PLACE OF THE PL	ECEASED NAME PE OR PRINT)  A RACE  CANDON  EX  A RACE  CANDON  BIRTHPLACE COUNTRY)  BIRTHPLACE COUNTRY  TO TOWN OF DEATH  Salisbury  LID COUNTRY  TO TOWN OF DEATH  SALISBURY  LID COUNTRY  TO TOWN OF DEATH  SALISBURY  LID COUNTRY  TO TOWN OF DEATH  TO TOWN OF DEATH  SOUTH SUCH PACHITY GIVE STREET ADDRESS)  STATE  TO TOWN OF DEATH  TO TOWN OF TOWN OF DEATH  TO TOWN OF THE TOWN OF TWE TOWN OF TWE TOWN OF TWE	REC. NAME  FE CAR PRINTIN  EX	REC SED NAME  RE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BURIAL 12/31/1983 FOREST GROVE CEMETERY PARSONNED WICOMICO MARYLAND.

FOR

23a. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH . DECEASED NAME (TYPE OR PRINT) DECEMBER HAMILTON CHRISTINA GUSTAFSON 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 19, 1928 FAMALE CAUCASIAN AUG. 55 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico U.S.A. N.J. WIDOWED X DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salisbury Peninsula General Hospital HOSTESS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION P.O. BOX 452 THE INSIDE CITY LIMITS? ONANCOCK VIRGINIA ÄCCOMACK YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FRED GUSTAFSON AGNES KASCAK No. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS M. SOCIAL SECURITY NO 17 INFORMANT LHES, NO ON UNKNOWNS I WIRES GOVE WAR DEDATED 137-22-6607 NO PATTY H. PARKS PART I DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased give on obove, (I) (we) (did) adid not view the body ofter death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ARDRI should by

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/B1 (VRA 15, 4)

GUY J. DOUGHTY EXMORE, VIRGINIA

231. NAME OF CEMETERY OR CREMATORY

CAPEVILLE MASONIC CEM

23b. DATE

DEC 22

CAPEVILLE

23d LOCATION

2b. HOUR

12b. KIND OF BUSINESS OR

RESTAURANT

GUSTAFSON

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

1340 N

IF UNDER 24 HRS

20,1983

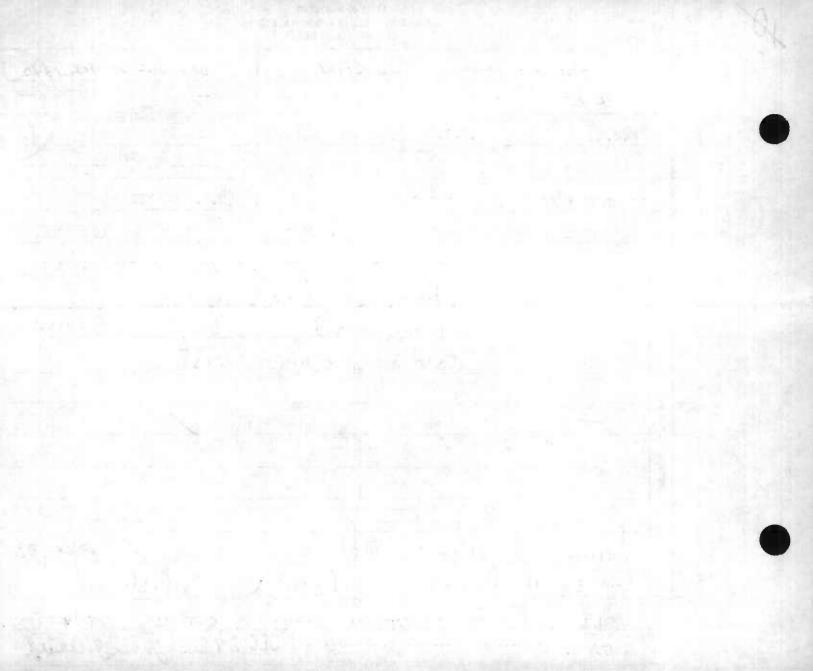
IF UNDER LYEAR

INDUSTRY

EXMORE. VIRGINIA

COUNTY

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR DECEASED NAME Hastings TYPE OF PRINTS Robert Thomas & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 2+ HRS 4 RACE 1926 White Male. To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary land U.S.A. Wicomico WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR Trucking TYPE OF WORK FOR MOST OF WORKING LIFET (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Driver Peninsula General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico 13e.STREET ADDRESS / ZIP CODE 604 N. Main Street Hebron 13d INSIDE CITY LIMITS? Maryland 21830 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hastings Parsons Reva Elwood Samue I 17. INFORMANT Mrs. Ellen B. ADDRESS tings, Wife 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 219-14-2552 Yes 604 N. Main Street, Hebron, Md. 21830 II CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF gove rise to immediate count (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 78h IF YES, WERE FINDINGS USED W. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? THE HOW INJURY OCCURRED. (ENTER WATURE OF PURIFF IN TEN IS FART | OR PART 25 THE ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH ож сонтевильно. П саили ок окати I IF EITHER, NOTIFY WEDIC AL EXAMINERS 211 LOCATION 71d INJURY OCCURRED TIE PLACE OF INJURY CITY OF TOWN (AT HOME STREET FACTORS OFFICE FARM ETC.) - NOT WHEE 22s.1 certify that (if (this haspital) attended the deceased from and that in my Zour! opinion death accurred on the date and how and from the course stated DEGREE 23r. DATE SIGNED ATTENDING **EMEDICAL** PHYSICIAN & DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME LITYPE OR F 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY) Wicomico Md. STATE 11/23/83 Springhill Memory Gardens Burial Hebron

DHMH - 16 50M 4/B3 (VRA 15, 4)

24. FUNERAL DIRECTOR

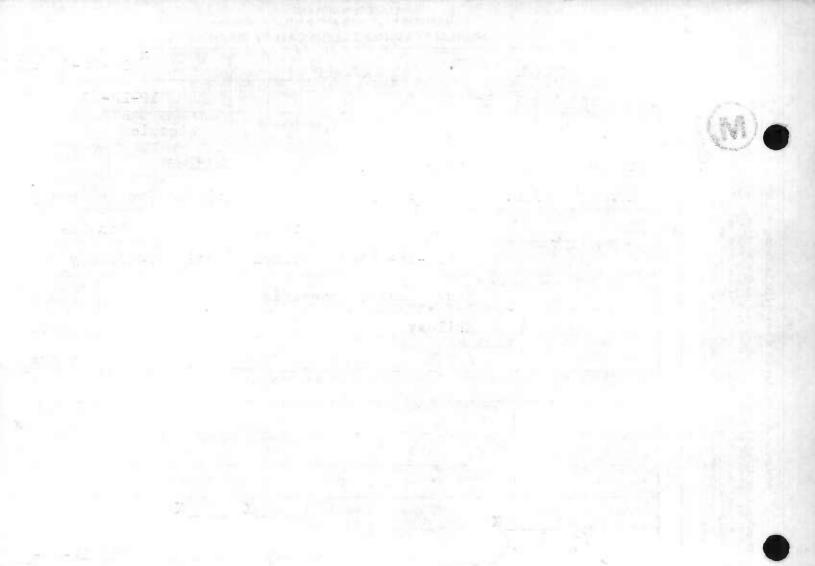
Holloway Funeral Home, P.A. Salisbury, Id.

astin s 1000F 10 105 21 12 of id! Haryian+ Trucking river Coron aryland ico.ico Lee Parsons - Iwon! Ustins SVOI 1911160 rs. Ellen C. rastings, wife 210-14-2552 54 4. ain Street, Lebron, M. 21830 Yes 11/23/3 opringmill corry Gardons heron liconico d. Jurial

followay funeral come, F. .. Salisbury, d.

	1			STATE OF MARYLAND	D 4 7	8 8 8 8
	١,	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE U	
	' '	STATE REGISTRAR		CERTIFICATE OF DEATH	850 NO	
many fishing and	1 DE	CEASED NAME FIRST	MIDDLE	IASI	REG. NO.	H DAY YEAR 26. HOUR
nue Th			_ 1 1/	11.	THE DATE OF DEATH	21/ 1603 23 =
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A BA	3. SE.	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
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0		ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	176 KIND OF BUSINESS OR
6/1	Sa	lisbury	Dom in Such FACILITY, GIVE STREET	eneral Hospital	I DOE OF WORK FOR MOST OF WOR	KING LIFE! INDUSTRY
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3	M	ACHIANO WI	COMICO FRUILLA	VO YES NO	10043	10000
3020	AA. E/	ATHER'S NAME		15 MOTHER'S MAIDEN N.		1
124	V	Mitchell	MIDDLE C AST	CIRRARE	MIDDLE	ESHAM
10.0	-	1111 CHCDS	RMED FORCES? 16b. SOCIAL SEC	TOTAL TO THE CONTRACT	ADDRESS	00000
8/		WAS DECEASED EVER IN U.S. AF yes no or unknown)	VE WAR OR DAIES!	JRITY NO. 17 INFORMANT	n II	P.O. Box 37
1	14	es Army	WAC 213-12-	DISA CHAPLES	HIMARNAN	B-RUILAND, MI
2/	7	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), or	dicul		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent, 1		PART I. DEATH WAS CAUSE	DBY: TO CARR		- Thracie +	4-5day
è		MAMEDIA	TE CAUSE (o)	20	1	4 Janys
To to		7712	DUE TO, OR AS A CONSEQU	ENCE OF abdomin	ial Avrta	
raumo		Conditions, if ony, which	( (b)			
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othe		underlying couse lost.	(a)			
ō		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITIO	N GIVEN IN PART LIE
inny	Z	TAKI 2. OTTEK SIONI REALT	CONDITIONS CONTRIBUTIONS	DEATH BOTHOT RECALED TO THE TER	MINAL DISEASE ON CONDING	NA OLIVELA HAT AKT TIO
-	CERTIFICATION			ODER ATION AND SERVICE OF THE OWNER.	Van AUTODOVA Ian	IF VES. WEDE EN ION IOS MOST
0/	12	190. DATE OF OPERATION	4 CONDITION FOR WHICE	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
8	ŧ	12/20/83	Occlusion	of abdommala	COLLYES   NO	YES NO
80	18	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN II	EM 18 PART 1 OR PART 2}
Ed		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 716 INJURY OCCURRED	21e. PLACE OF INJURY	ZII LOCATION		
marked or	X E	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC   STREET	CITY OR TOWN	COUNTY
		AT WORK				
É		220.1 certify that (1) othis hosp	ital) attended the deceased from.	12 /20 19 8	3,10 /2/20	19 83, that IT we lost
2		sow the deceased alive or	12/2/ 19	ond that in (my) (our) opinion	n death occurred on the date or	nd hour and from the causes stated
Hem	13	22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c DATE SIGNED
+	12	mist. 10	0 11	AL D ATTENDING	MEDICAL STAFF	12/54/172
		mail !!	Buchman	- PHYSICIAN	DIRECTOR   PHYSICIAN	0 1/1/63
MPORTANT:		224 PHYSICIAN'S NAME (TYPE		17e ADDRESS Sul 1	te 25 MEZ	JEAI CENTERU
Ö	1	MICHAEL 1.	BuchNESS	Ca 158hu	Ry Md.	21801
IMPORTANT: IF	73-	BURIAL CREMATION, REMOVAL	-	NAME OF CEMETERY OR CREMATORY	23d LOCATION 1	
		(SPECKY)	110/40/	ttaill . Acce	Quity Town :	a 15047 4 5916
-		BUCIAL	12/28/1983 1	1150/11e, cem	111100111	E WIL MO
A 4/83	24 F	UNERAL DIRECTOR	to a land	25a. DA	ATE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
- 50	13	AKEN & BAC	INOS SALISKI	INC. INA DEC	291983 John	& Calvell

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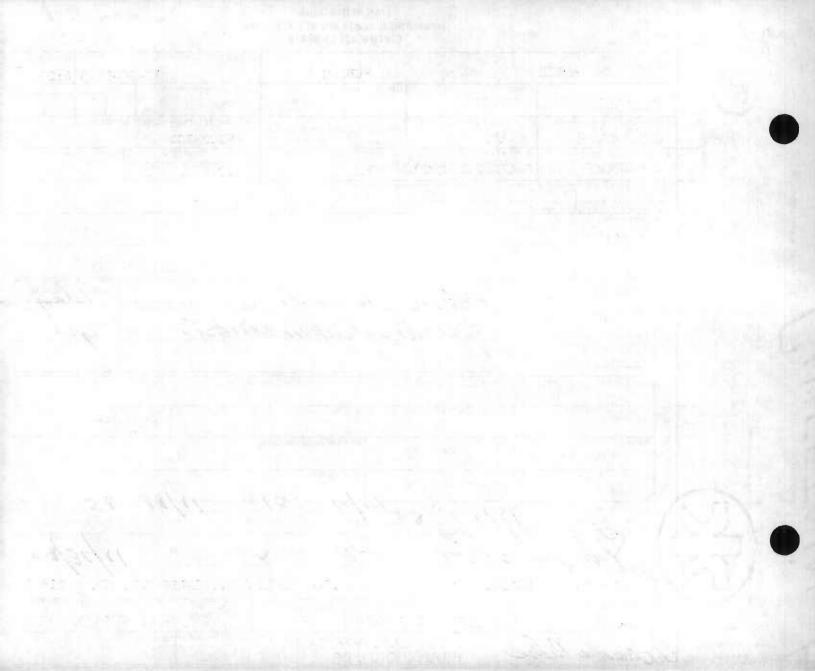


STATE OF MARYLAND

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STATE OF MARYLAND

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1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4449
n e e • (TYPI	CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ad o do	Richard		of BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	15 83 11 P M
e di	Male	AU A MON	10 09 1929	54 YR	MONTHS DAYS HOURS MIN.
\$ 35 DO	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OR</u> COU Wicomico	
the part of the pa	Salisbury	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula Gene:	or other institution cal Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Owner - Operato	126. KIND OF BUSINESS OR INDUSTRY  Thanket
4.70 SAME 1		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 136 CITY OR TOWN Salisbury	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	ough Street 218
	ATHER'S NAME	h Hutcherson Sr.	15. MOTHER'S MAIDEN NAM	VE WIDDIE	Edmonds
	WAS DECEASED EVER IN U.S. AR		17 INFORMANT Mrs.	Gertrude Louis prough Street	e Hutcherson
signed by the ottending phys hen please remove carbonpop to burial, cremation, or remave jury, or ather traumofic event,	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I (0
permit. The prior of the prior	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{T} \)
The Part of the Pa	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM	
morked  MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use a of Health	22a. I certify that (I) (this hospin	tal) attended the deceased from 12/15 19 # 3	ond that in (my) (our) opinion of	to 12 (15	hour and from the causes stated
TO FUNERAL DIREC	276. SIGNATURE M Be	n Jones MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/15/83
d be Safe S	22d. PHYSICIAN'S NAME (TYPE O		100 Power	Street Salis	bury, Md. 21801
on on one of	W. Ben Horn	ei , 110	100 TONCE		
230. (	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	Wicomico Marylan

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Edmonds	Evelyn	terson Sr.	r*in u'c	3. 9220
Cortrude Louise Mutcherson brough Street Salisbury, C. C	irs.	5-24-8392	21	C.
	Mary while a			
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Street Jalisbury, mr. 21 dul	TOWN			
			- racr,	
Salisbury hiconico wry.c				ch Burial

DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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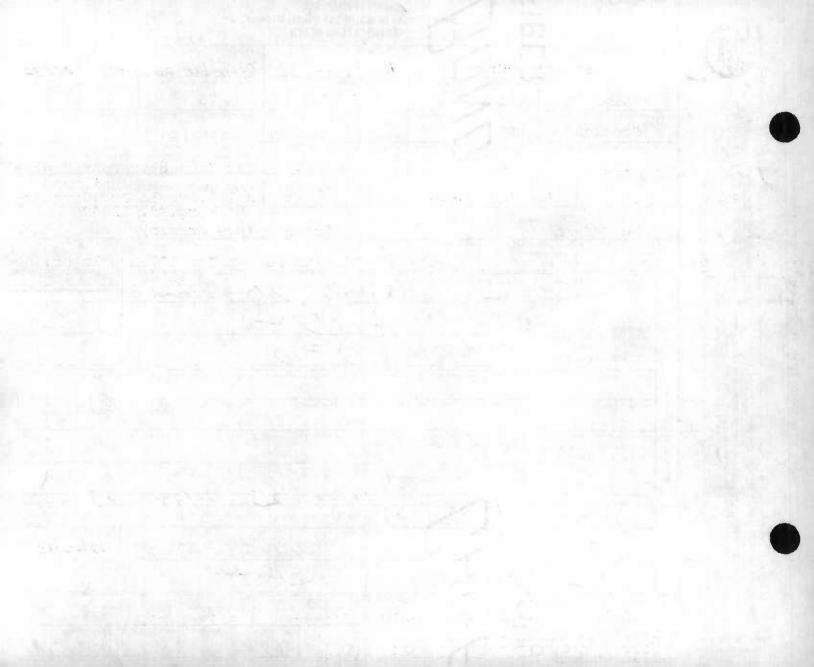
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST  (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Samue	1	Kudzma	December 26	1983 0139AM
3. SEX	4. RACE	5 DATE OF BINTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
Male	Cauc.	12/30/07 YEAR	75 YR	
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Scotland	USA	WIDOWED DIVORCED	Wicomico	MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Salisbury		neral Hospital		or Penn Centra
136. STATE 136. COLUMN WI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 134. CITY OR TOW COMICO PARSONS	Burg YES NO S  13d. INSIDE CITY LIMITS?  NO S  15. MOTHER'S MAIDEN N  FIRST	13e.STREET ADDRESS / ZIP CO BOX107, Argy1 AME burg, Md	Railroad e Dr.,Parsons . 21849
John Kudzma		Elizabet	n (nee Budres	)
160 WAS DECEASED EVER IN U.S. A {YES, NO OR UNKNOWN} {IF YES, O NO	GIVE WAR OR DATES)	7302 Lillian Ki	idzma, Box 107	Argyle Dr.
	DUE TO, OR AS A CONSEOUR	DEATH BUT NOT RELATED TO THE TER	minal disease or condition	GIVEN IN PART Ira
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
On COLUMNIA IN CALIFOR OF A	HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
CONTRIBUTING CAUSE OF LEFT CAU	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 2H LOCATION STREET	CITY OR FOWN	COUNTY STATE
sow the deceased olive obove, (I) (we) (did) (did	pitol) attended the deceased from		death occurred an the date and	
22b. SIGNATURE	490	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/20/83
THE PHYSICIAN'S NAME (III	PASFETTO	22e ADDRESS	511	
23a. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	12/29/83 H	oly Redeemer	Balto. Md	JIAIC
24 FLINERAL DIRECTOR			TE DEC'D BY DEGISTRADISE DEC	SISTEAD'S CIGNIATURE

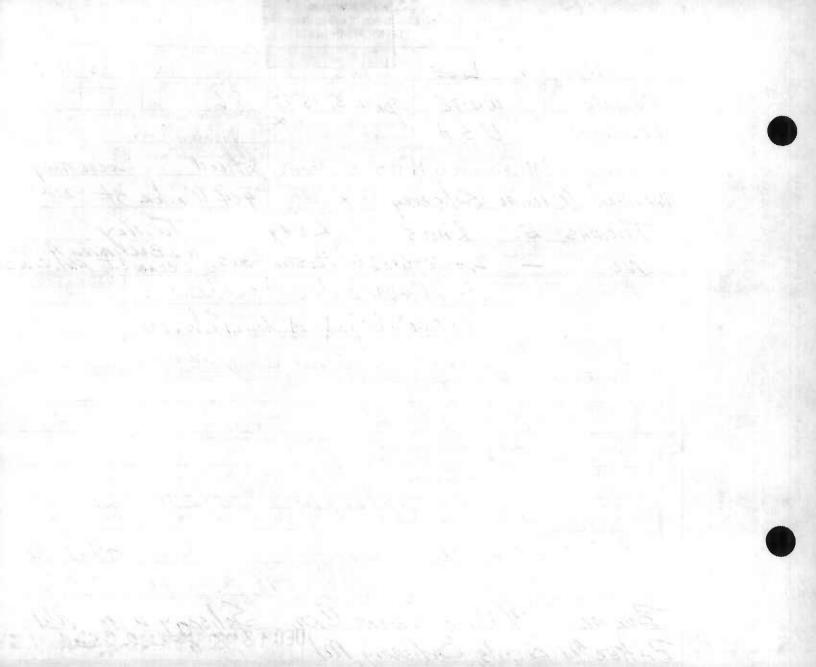
DHMH - 16 50M 4/83 (VRA 15, 4)

Schimunek Funeral Home, PostInc.
3331 Brehms Lane, Balto., Md.

DEC 3 0 1983



	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH				
10.90	I. DE	REGISTRAR  CEASED NAME FIRST OR PRINT)	MIDDLE	LAST LAST	REG. NO	AONTH DAY Y	EAR 25. HOUR	
may be page 3	3. SE	Marja	RACE A EE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	NO III	
Page 4	70 BI	FEMALE STATES OF THE STATE OF T	WHITE OF WHAT COUNTRY?	April 3, 1897	9 BALTIMORE CITY OF	YRS.		
r death.	1	MARY/ANCE	U.S.A	MARRIED NEVER MARRIED MARRIED MIDOWED DIVORCED	Wicon	nico	MD.	
ors afte	1:	Solisburg	WICOMICO	VUISING Home	THE WAR FOR MOST OF	WORKING LIFE) NDU	IND OF BUSINESS OR ISTRY	
BALTIMORE, MARYLAND 2120 ificate be executed within 24 hour sman and complete fullies are pers. Page 1 and 2 should take in the medical example to the	USU. 13a S	ALRESIDENCE (IF NUBSING HOME OR OF ITATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE REFORM  13c. CLTY OR TOV  13c. CLTY OR TOV	READMISSION) 134 INSIDE CITY LIMITS? VR4 YES NO	130 STREET ADDRESS	dez St	L 21801	
MARYLAN uted within	14 FA	Thomas	E. LAST	15. MOTHER'S MAIDEN NA	MIDDLE ***	willey	LAST	
e be exec	16a V	VAS DECEASED EVER IN U.S. ARA (15, NO OR UNITHOWN) (15 YES, GIVE	MED FORCES? 166 SOCIAL SECTION SOCIA	GFST W. PRESTER	LAKUS, O	2 BALTIN	mies fue Mel. 21862	
quires that the death cert gned by the attending phease remove carbon puburial, cremition, or new plury, or other removes.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	sollicentar 1	trus Eles Egndo MINAL DISEASE OR COND	res .	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
The la	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA		
PHYSICIAN: The physician. This certificate haurial-transit perm Mental Hygiene Jor Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIGHT A LA MONTELL OF		RRED (ENTER NATURE OF INJURY	TIN ITEM 18, PART 1 OR PA	ART 2)	
NG NG ndir he bis and and arkee	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)	CITY OR TOW	N COUN	TY STATE	
or o	14	220.1 certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did not	11130 10	and that in (my) (our) opinion	deoth occurred on the do	te and hour and fro	m the couses stated	
TAL OR the hosp HAL DIRI etached i site Dept.		22h SIGNATURE	Adull	DEGREE ALIENDING PHYSICIAN	MEDICAL STAF	F . G	DATE SIGNED	
TO HOSFITAL TO FUNERAL Mould in the State of IMPORTANT:		224. PHYSICIAN'S NAME TYPE OR	tehell 1	O POB 33	78 Sall	Mure	3900	
BP		DURIAL CREMATION, REMOVAL	236, DATE 23T	MANE OF CEMETERY OF GREMATORY	DALISAN	y Will	o Mid	
DHMH-16 25M (VRA 15, 4) 1/79	7	BAKER AND E	Bounds San	sony my DEC	1 3 1983	the Dr. S.C.	GNATURE	



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

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1	Sec.	4	3	13		
			1140	Eur.		

1	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF I	FICATE OF DEATH	GIENE	REG. NO.	4 3 ;	3	
		CEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR	
		HELEN	111111111111111111111111111111111111111	4	GHT	De	CEMBER	27,1983	1840 M	
3.	. SEX		4. RACE	5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY}	MONTHS DAYS	IF UNDER 24 HRS	
1	-	PEMALE	CAUS.	04		1	12 YRS.			
170		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	- Christian III	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH		
2	C	DELAWIARE	u.s.A.	WIDOW			comico		MD.	
1	5	Salisbury	Peninsula Ge				CCUPATION FOR MOST OF WORKING I	HEL INDUSTRY	rt. Co.	
6	3a S	AL RESIDENCE (IF NURSING HOLL) TATE NAB UI	OTHER INSTITUTION GIVE RESIDENCE BEFORE  NTY  13., CITY OR TOW  SEX  SEA  FO	'N	13d. INSIDE CITY LIMITS? YES NO		DDRESS / ZIP COL		CRES	
4	1 FA	THER'S NAME	MIDDLE LAST .	مسائر سائر مار ال	SUZANIA		MIDDLE	ZAI		
110	6a W	AS DECEASED EVER IN U.S. AF	The same of the	RITY NO.	17 INFORMANT	FICE	ADDRESS 705	Fu		
3	(A	(IF YES, GI	VE WAR OR DATES) 221-18-		MARYL.GA	SPARK	,	Buy Him	NJ.	
		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUSE	nly one cause per line (p), (b), on	d (c).)	1 / 1	/		BETWEEN C	MAYE INTERVAL	
- 1			TE CAUSE (a)	AND	10/ INFAIRET	700			7/	
1		4100	DUE TO, OR AS A CONSEQUI	ENCE OF	(//	/				
		Conditions, if any, which	( 16) Genel	A/17	and Arter	useltro	5/1			
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF						
		underlying cause lost	(e)						-	
- 1		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION GI	VEN IN PART LIC	0 '	
	ž o	('0)	to til ste no	515						
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH		WAS PERFORMED	20s AUTOR	20b. IF YE	ES, WERE FINDIN		
A	Ĕ	12.23-83	Can La	sel	e 20)13	VES [7]		IFYING CAUSES		
	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	OT	21c. HOW INJURY OCCUR	DED (sameaux)		PART 1 OR PART 21	NO []	
-478		OR CONTRIBUTING CAUSE OF DE	LUCUD A M MONITH D	AY YEAR	The real washing occor.	(Trinia main	Dat Co Friday STREET 10	PART (OR PART 2)		
	Ž.	(IF EITHER, NOTIFY MEDICAL EXAMINE		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
	~	AT WORK NOT WHILE			123	2		07		
		220.1 certify that (1) (this hosp	ital) attended the deceased fram_	/)	17 190		+ 0+	19 8	that (I) (we) last	
9		saw the deceased alive or	12 - 2 7 19 8	3.0	nd that in (my) (aur) apinion	death occurred	on the date and ha	our and from the	causes stated	
	13	27% SIGNATURE	They lie sooy after death.		DEGREE			22c DATE	SIGNED	
		1 then	lainer		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	17-7	17-83	
T	1	274 PHYSICHAN'S NAME (THE			22e ADDRESS	DIRECTORE	J. HIJCIAIA	100	1	
4		/	/		SALISBURY	mAR	ZLAND		/	
4	2 6	VIDEAL COST	Ten aut /	1445 57						
2		URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY		DRIOWN	COUNTY	STATE	
		BuriaL	DEC. 30,1983 57	LUK	e's church Lex	M SEM	FORMA SI	USSEX C	JELAWAY	此

DHMH - 16 50M 4/83 (VRA 15, 4)

PAYNTER M. WATSON - SEMBLED

CANADA MANAMATAN SA CANADA A SERIA SA CA POPULATION CONTRACTOR AND PROPERTY OF THE PROP

23b. DATE

1/3/84

Holloway Funeral Home, P.A. Do Salisbury, Md.

M.

FOR - STATE

REGISTRAR

23a BURIAL CREMATION, REMOVAL

(SPECIFY Burial

DHMH - 16 50M 4/83

(VRA 15, 4)

William

DECEASED NAME TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

REG. NO 20 DATE OF DEATH 2b. HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR ASST. POSTMASTER INDUSTRY 13e STREET ADDRESS / ZIP CODE 1204 Emerson Avenue 21801 Ennis 1204 Emerson Avenue, Salisbury, Md. 21801 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 425 SEVERNE YRARR 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN PRESEN 22c. DATE SIGNED

23d LOCATION

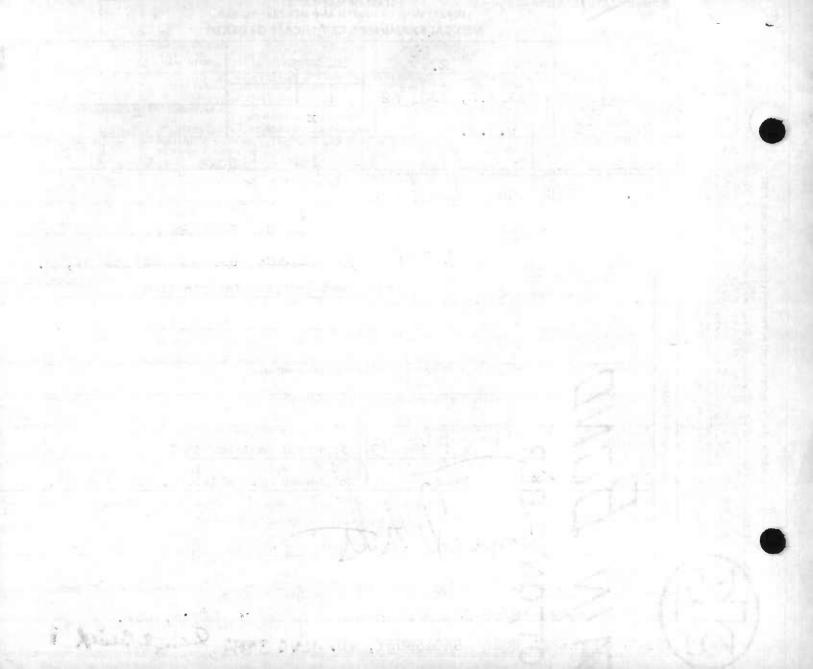
Salisbury

250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE

Wicomico Maryland

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.sstostnaster			oral a L	
12 Finerson venue 21801	×	Salisbury	Vicomico	aryland
Ennis	eary	Livingston	ytheil	Willian
len Livingston (Wife) Avenue, Salisbury, d. 21801		215-44-3423		
7.7.3	# - 17 - 1.7.	e e e e e e		
Description of the second of t		D-8000 P		
TRUSCAL			7-7	
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12 8 Late			110	40-34
er, Salisbury, Nd. 21801	Redical Cent		.0.1,990	E.H. KL
Salisbury Viconico larylar	Cemetery	Parsons	1/3/84	Burial

1			tems 3/12/84 mt	b F#589	STA	HEALTH A	70.7	YGIENE 3 4	4 5	1	
1	-		STATE REGISTRAR	MED	ICAL EXAMIN	NER'S CE	RTIFICATE O	F DEATH REG	, NO.		
	agent of	I. DÉ	CEASED NAME FIRST		MIDDLE	LA	ST	26. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26. HOUR
	Sale Ball X		Julia	ā	E.	Lu	ffman	DEATH MATED		19 1983	1
		3 SEX	MALE WHITE	S. DATE OF BIRTH	VEAR LAST BIRTHE	DAY) MONTHS	DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED DE AD	12	19 1 <sub>8</sub> 83	7:27
	POR ALL	71. 8	RTHPLACE (STATE OR REIGN COUNTRY) MARYLAND	76. CITIZEN OF WHA		Te.	DIVORC				WE
	1	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	ITAL, NURSING HOM			12a USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	JSINESS
21201	ANY DE LAND BE RETAINS TO THE POULD BE RECORDED BE REC	LISU/	CALISBURY AL RESIDENCE (IF IN NURSING HOME TATE  MD. WICCO	OR OTHER INSTITUTION, GIVE VTY	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN SALLSBUR	5ION)	(DOA)  Be inside city limits?  YES NO	NONE.		1708	*****
A G	M PM 3	1	THER'S NAME FIRST HENRY MES	SICK	LAST	1	S. MOTHER'S MAIDE FIRST NANCY	SMULLEN		LAST	
BALTIMORE	MITH FORM		VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVI NO	RMED FORCES? E WAR OR DATES)	217-283-		WALLACE	LUFFMAN S		URY MD	
PRESTON ST.,	N 24 HOUR N ITEM 18 ALONG SIT PERMIT SYGIENE, D		Conditions, if ony, which gave rise to immediate	TE CAUSE (a)  DUE TO, OR A	S A CONSEQUENCE	Of	tobarbita	l intoxicatio	n	APPROXIMAT	E INTERVAL T AND DEATH
RECORDS, 201 W.	BE EXECUDING" NDING" NEDICAL NS A BUR NITH ANI	NO	couse (a) stating the <u>under</u> <u>lying couse last.</u> PART 2 OTHER SIGNIFICANT CONDITION:	(c)	S A CONSEQUENCE		R CONDITION GIVEN IN PA	RT 1 (a)			
OF VITAL RE	WORD "PE WORD "PE Aff CHIEF A SE USED A ENT OF HEA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPE	RATION WAS	S PERFORMED?			20 AUTOPSY YES 🔀	? NO 🗆
ONOFV	THE WOOD THE WOOD THE WOOD THE WOOD THE WOOD TO BE WITH WOOD TO BE	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF	- 10	NJURY MONTH DAY YEA 12/19 19 8	in in	gested pe	ntobarbital	M IB PART 1 OR PAR	RT 2)	
DIVISION	HIS CERTIF WRITING /ARDED TO AGE 3 SHO ATE DEPAI	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	STREET, FACTO	DILLE	211 LOCA STRI Sch	EET	Salisbury,	Wicomic	-	STATE
•	TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO PAGE 4 SHOULD BE FORWARDED TO AFTER DEATH, WITH THE STATTE DEPARA BALTIMORE, MARYLAND, 21201 PRIO		77a. I certify that I look char death resulted from Natu ACTUAL SIGNATURE		Accident S	A DESY	Homicide IFY) Deputy Ch	n , Inquiry , Undetermined manner [	DATE	<sub>0</sub> 12-20-8	33
	TO MEDIC EXECUTE TO PAGE 4 SH TO FUNER, AFTER DEAR	22-2		mas D. Smit			DDRESS 111 P	enn St., Balt			
	BP193	(:	URIAL, CREMATION, REMOVAL  CREMATION  UNERAL DIRECTOR	12/23/83	DELMA		REMATORY	23d. LOCATION CITY OR TOWN  T.H.W.H.S. REC'D. BY REGISTRAR 756 R	COUN DET. REGISTRAR'S SI		TATE
	DHMH - 17 (VR A15 ME (5))		NAME ILSON FUNERA	L HOME S	SALISBURY	Z, MD.		. () .	2. Com	AN I	



- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TEATE OF BEATT.	REG.	
LAST	20. DATE OF DEATH	

2h HOUR

DECEASED NAME

4 RACE

5. DATE OF BIRTH

WIDOWED

December 12, 1983

remale

Caucasian 76 CITIZEN OF WHAT COUNTRY?

31. 1948 Aug. MARRIED NEVER MARRIED

DIVORCED [

9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico

O CITY OR TOWN OF DEATH

Maryland

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital

12a LISUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY

Salisbury

COUNTY Caroline

13c CITY OR TOWN Ridgely 13d. INSIDE CITY LIMITS? NO T 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE First Street

21660

Marvland FATHER'S NAME

Morris

Lynch 166 SOCIAL SECURITY NO Audrev

(m.n.) Lynch

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Thomas 168 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)

17 INFORMANT

13a. STATE

No

PART I. DEATH WAS CAUSED BY:

none

Mrs. Audrey Lynch, Ridgely, Md.

IMMEDIATE CAUSE to

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o

NO

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY

( AT HOME, STREET, FACTORY, OFFICE FARM, ETC )

211 LOCATION

CITY OR TOWN

COUNTY STATE

21d. INJURY OCCURRED NOT WHILE

22a.1 certify that (1) (this hespital) attended the deceased fram

and that in (my) (ext) opinion death occurred on the date and hour and from the causes stated

Dec. sow the deceased olive an\_ obove, (1) (he) (did) (did not) view the body ofter death 22b. SIGNATURE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

23a, BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

23b. DATE

Greenmount

Cemetery Hillsboro Caroline Md.

The Layet Downson 12, 1983 3 Th James Contraction on 31, 1948 35 134 The state of the s Hougal .m.m.) yerbu Audrey (m.m.) Lynch nois nois franciscy Lynch, Million, Mil Carpense Heart Tarlor LIONE & EMILERE Existence to stand Heden Vago, Windowske Congruent Delimber allen I to the Think or a states 1- 11 May 1 1180 1 5 883 John July July July 1

the same of the street of the 

11000 11000 11000 11000 Anna Santa Tanak Santa San Margine Warreller Girdleries - V BE 1 21829 That May Sugares There 12 - Land State Line Stand Berling Hill and Companies and SHIBS IN THE STATE OF THE SHIPTERS HE SHOW dilana Sarahi Sorah Hill Hil 300 1 34 San Harris

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH

2b. HOUR

17h, KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

NO [

\_, that (I) (we) last

22c. DATE SIGNED.

STATE

OWN

YES [

COUNTY

IF UNDER 24 HRS

IF UNDER I YEAR

State of the state TENNE SON NOT THE STATE OF THE WALL WAS TO STATE OF THE STATE OF THE THE RESERVE AND THE PROPERTY OF THE PARTY OF

45	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	4 . 5	J
. 64		CEASED NAME FIRST	WIDDL€	LAST	20. DATE OF DEATH	ONTH DAY YEAR	26. HOUR
y be		Edison	Ρ.	MC COY	December 17		6.70
ector page softer age	3. SE	MALE	1. RACE  WHITE	5. DATE OF BIRTH  MONTH DAY  YEAR  July 15 19 111	6. AGE (IN YEARS LAST BIRTHO		HOURS MI
nerol dir.	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) IRGINIA	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR	COUNTY OF DEATH	,
by the fune filed within		alisbury	11. NAME OF HOSPITAL, NURS (IFNOT IN SUCH FACILITY, GIVE STRE Deer's Head (		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W PRING I PAL -	HIGH 126 KIND OF	BUSINESS O
filled in by yould be fi	USU 130	AL RESIDENCE (IF NURSING HOVE III STATE JARYLAND	DTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) 13d. INSIDE CITY LIMITS?  LSLAND YES NO	13. STREET ADDRESS 76	010	21
completely 1 and 2 sl	14. F/	EMERY	MIDDLE MCC	15. MOTHER'S MAIDEN N	AME MIDDLE	ADKINS	= /
n and co		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	1-2172 MAS PAUL	INE Mace	パブしわん	ISUA 2182
that the death certificated by the attending physic ease remove carban pape of, cremotion, or removal is other traumatic event, is			ly one couse per line for 101, (b), 0 BY:  E CAUSE (a) Chron  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)	UENCE OF diseus	e pulmon	ary y	NATE INTERVAL
requires to signed to Then ploor to buring	NOIL	ASCVD WIY	MCHF.	CV A WI FULL THE	Duemipa	ulsit, Mi	12
on. hos be t permi	CERTIFICATION	190. DATE OF OPERATION		ch operation was performed	YES NO	NO. IF YES, WERE FINDING NO CERTIFYING CAUSES OF YES	
SICIA 19 Pl 19 Pl 10 Pl		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART ?)	
ING PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OSPITAL OR ATTEND ed by the hospital of UNERAL DIRECTOR., d be detached for use the State Dept. of Heo RTANT: if them 21 is m		saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE NAUCY N 22d. PHYSICIAN THAME (TYPE O		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	ond hour and from the co	IGNED 83
TO FUNI TO FUNI Should b with the		Nancy W. Tust BURIAL, CREMATION, REMOVAL		Deer's Head NAME OF CEMETERY OR CREMATORY BEECHWOOD CEM.	Center, Sali	BANE SOM	21801
OHMH - 16 50M 4/82 (VRA 15, 4)	24 F	NERAL DIRECTOR WILL CL	Tes 12   ADDRESS	N-12 7 5 65 250. DA	ATE REC'D, BY REGISTRAR 251		RE . M

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3	1.	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE REG. NO	o.	-, 0	100
1200		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
2 20 and		Laven	ia		McGLA	UGHLIN	Dec.	11. 19	283	11:15PM
0 4	3. SE	Х	4. RACE		5. DATE		6. AGE IN YEARS LAST BIRT		FUNDER : YEAR	IF UNDER 24 HRS HOURS MIN.
4 95	/	female	cau.		Oct		91	YRS.	DATS	HOURS MIN.
2 60 45		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	BALTIMORE CITY O		OF DEATH	-
1 25 1		Maryland	U.S.A		WIDOW		Wicomico			MD.
1 11 /07/	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
1011		Salisbury		Head Cen			homemake		INDUSTRI	
<b>贝姆</b> 罗	13a.	AL RESIDENCE (IF NURSING HOMEOR STATE 13b. COUN Maryland Dorch	OTHER INSTITUTION	136. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	323 Willi	s St.	21	613
1 12 00	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				
1 21/1/		MILLARD	MIDDLE	MEREDI TI	H	GEORGIA	ANN		PARI	
1 1 1		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT SON	ADDRE	SS		
1 12 12	(	NO NO	WAR OR DATES			WILLIAM McGL	AUGHLIN, JR	. same	as 13	е
Scote 1 hysica papers evol		18 CAUSE OF DEATH (Enter on	y one couse pe	r line far (a), (b), and	lical				BETWEEN	MATE INTERVAL DISET AND DEATH
1 600		PART I. DEATH WAS CAUSED	DBY: E CAUSE (o)	Amil	ed	ageneration	1			
corb corb		7970	DUE TO, C	R AS A CONSEQUE	NCE OF	V				
5 5 5 5		Conditions, if ony, which gove rise to immediate	(b)_	SEE SUN						
:		couse (o), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF				1	
- peo 5		underlying cause lost.	( (c)_							
signe hen p to bur ijury, o	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	N IN PART I to	1
ow rec	CERTIFICATION	19a. DATE OF OPERATION	19h CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tanh IF YES	WERE FINDIN	IGS LISED
/	IFIC						YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
F 0 9 % 6 %	ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCURE				140 []
PHYSICIAN: Thending physicic this certificate to buriol-transit ad Mentol Hygi		OR CONTRIBUTING CAUSE OF DEA	100	.M. MONTH DA	Y YEAR					
HYSICIA Iding ph is certifi buriol-tr Mentol or Hem I	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
G Pt- ond cond	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
Af Af Olth		22a.1 certify that (I) (this hospit	ol) ottended t	he deceased from			, to		9	hot (I) (we) lost
TTEN TOR TOR of He		saw the deceased alive an abave, (1) (we) (did) (did not	) view the had	rofter death	. 0	nd that in (my) (aur) apinion (	death occurred on the do	te and hour	and fram the o	auses stated
OR AT DIRECT DORECT Dept. of H hem iff hem iff		226 SIGNATURE	A .	differ dealin.		DEGREE			22c. DATE S	SIGNED
AL OR A AL DIRECTOR DO OF DEPT. If them		Whit	- Kin	un w	7	ATTENDING PHYSICIAN	MEDICAL STAF		12/11	122
HOSPITAL ined by the FUNERAL wild be det h the State	1	22d. PHYSICIAN'S NAME (TYPE OF		777		224. ADDRESS			July 1	/15
		Edward P. Rit	chings,	M.D.		Deer's Head	Center; Sal	isbury	Md.	21801
5 € 5 € ₹ ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	FARTERY OR CREAT ATORY	Task LOCATION			
BP		(SPECIFY) burial	Dec.	14,1983 I	orch	ester Mem. Pk	Airey, Car	nbridg	e, Dorch	nester, M
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR		ADDRESS	Md.	21613 257247	REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNA	JRE • 1
(VRA 15, 4)		Curran Funeral	Home,	308 High	St.,	Cambridge	1 0 1300	John	- Co	may,

STATE OF MARYLAND

34 MILES B5 H. L. Han UARAS VAL off as the .At , named alon safeling Land Land Street 25 Local 30 production statutes and the second buy 50 to 1920. Det burnal Dec. 20, 301 Vonchester and IN. Miles, Cambigo, Notchester, M. Current name, 305 Righ St., Combridge

	STATE OF MARYLAND	5
	DEPARTMENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH	HYGIE
WIDDLE	MILIER	20

	FOR STATE REGISTRAR			OF HEALTH AND RTIFICATE OF		REG. NO	D.		9
	1. DECEASED NAME (TYPE OR PRINT)	MIC		MILLER	U	DECEM B		1983 -	26. HOUR
	3. SEX	4 RACE	5 D	ATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
,	FEMALE	WHITE		03 30	1902	81	YRS.	ONTHS DAYS	HOURS MIN.
S	70 BIRTHPLACE (STATE OR FOREIGN	U.S.	A. MA	RRIED NEVER	MARRIED .	9 BALTIMORE CITY O	-	OF DEATH	MD
1	Salisbuury	Penin	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRESS SULA Gene	ral Hos	pital	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	ON	126. KIND O INDUSTRY	OF BUSINESS OR
1			VE RESIDENCE BEFORE ADMISS  BY CITY OR TOWN  SALISBURY	13d INSIDE (	NO 🗌	13e STREET ADDRESS 1302 EMERS	ON AVE	ENUE 5	21801
1	)4 FATHER'S NAME FIRST ELIAS	MI	LLER	N	S MAIDEN NAMERIST	ME		DUTTON	л
,	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	224-24-5871			ERT P. MILE AVENUE SAL			
	Conditions, if any, which gave rise to immediate cause to), stating the underlying cause last	DUE TO, OR A	AS A CONSEQUENCE (	OF		nyocaded 1			
	PART 2 OTHER SIGNIFICANT	Lero Vascu	las lneyf	hency		inal disease or cone	)ITION GIVE	N IN PART 110	3
2	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	on for which of er	ATION WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN) 21d INJURY OCCURRED		MONTH DAY Y	EAR 19 216 LOCATE		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART 2)	
	WHILE NOT WHILE AT WORK		FACTORY, OFFICE FARM ETO	STREE		CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did n	n_ 11/30	19	_, and that in (my)	(our) opinion d	leath occurred on the do	te and hour		that (1) (we) last causes stated
	22b. SIGNATURE	Bufg	wal			MEDICAL STAF	F IAN []	22c. DATE :	SIGNED
	220 PHYSICIAN'S NAME (TYPE	K.AGA	RUAL	22e ADDRES	PGHM	1c Sales	bury .	Md 21	401
	230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	12/3/19		OF CEMETERY OR		23d LOCATION CITY OR TOWN	AL LITC	COUNTY	STATE
	DOKIAL	14/3/1	JOJ SEKT	אמעזרר ווה	MUKT GA	RDENS HEBRO	M MICE	OUT CO W	MKYLAND.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

HOLLOWAY FUNERAL HOME, P.A. SALISBURY, MD.

25a. DATE REC'D.

DEC

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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MILLIES DECEMBER 1 193 GOTT . THE R. P. LEWIS CO., LANSING, MICH.

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HOUSE THE

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B'KIAL 123/1953 SPRINGHILL NEMPRY GARDERS HEUROL NICOLICO ANRYLAND

HOLLOWAY FUNERAL HOIF, P.A. SALISBURY, P. JEUS .

1 - S	OR TATE EGISTRAR			DICAL EX	STATE C NT OF HEA AMINER	S CERTIFI	NENTAL H	F DEATH	REG. NO.	4 6 7	ì
(TYPE	EASED NAME OR PRINT)	Gust	Herma		Næeman		,	OF ES	TED DEC	ember 48:	3 64
		White	S. DATE OF BIRTH	1909	YRS.	ONTHS DAYS	HOURS	MIN PRONOUNCEL DEAD	15-11	-83 19	6: 20 R
5 Ma	THPLACE (STATE OF EIGH COUNTRY)	Sel	U.S.A.		WI	ARRIED   N	DIVORC	ED   Wi	comico	INTY OF DEATH	MD.
700	ok town of d Salisbu		IT. NAME OF HOSE (IF NOT IN SUCH EACH Rt. 1,	CILITY, GIVE STREE		other institu Rd.	UTION	FOR MOST OF WORKING	ON (TYPE OF WOR	Farming	BUSINESS STRY
13o. ST.		13h COUNTY	ester-	Sali:		134. INSIDE	CITY LIMITS?	13e STREET ADDRESS Route #1	St. Luk	e's Rd	0/
20	HER'S NAME FIRST SUSTAV	Ernest		Newman			ER'S MAIDE	Louise		chultz	
160. W.	AS DECEASED EVE 5, NO, OR UNKNOWN) NO	ER IN U.S. ARM (IF YES, GIVE W			SECURITY NO.			Herman O. N St. Luke's-		(Brother Rd., MSa.	
	Conditions, if gave rise to cause (a) stati lying cause la	immediate ng the <u>under</u> st.	(b)	AS A CONSECUTION OF RELATED	QUENCE OF	ISEASE OR CONDITI	ON GIVEN IN PA	RT 1 (a)			
CERTIFICATION	19a DATE OF OPE	RATION.	196 CONDIT	ON FOR WH	ICH OPERATIO	N WAS PERFO	RMED?			20 AUTOPS	35
	210 EXTERNAL CA	OR		MONTH D		e. HOW INJUR	Y OCCURRE	D LENTER NATURE OF HUJURY	IN ITEM 18 PART 1 O	R PART 2)	
144	WHILE OCK AT WORK			OF INJURY (A	AT HOME. 21	LOCATION		CITY OR TOWN		COUNTY	STATE
	220 I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAMITYPE OR PRINT)	Maturo	af the remains described in causes	Accident	held an A		specify)	Undetermined manne  MEDICAL EXAMINE  den Avenue,	DA R SIG	TE 12-6	
The same of the sa	RIAL, CREMATION ECIFY) Burial	I,REMOVAL 23	12/8/198		ME OF CEMETE	RY OR CREMAT		23d LOCATION CITY OR TOWN Snow Hil	1 Worce	Ster Mar	yland
	NERAL DIRECTOR	way Fun	eral Home		Salish	oury, Md	DE	C 8 - 1982			uh

December 4 THENHAL 08-70. 10 01 1509 76 Bryland Fording x loute of st. Luke's ki SILE IN TOR fing Louise schultz 7,305 r. craen . gymen (urother) 2 -- -- 1 / toute il st. Luke's-itevens the could be in the court of t Landen Avenue, maisoury, .d.2111 Earl .. knyer; M.D. 15/4/1963 smullon Somethery show will ercester Bryland CUPICI

followey Funeral Jone, P.A. Salisbury, ad

1	REGISTR. DÉCÉASED		N	MIDDL	L EXAMI	AEK. 2	LAST	CAIE	JF DEA	KE	G. NO.		
	(TYPE OR PRINT)			11	T	1414	EA31			OF ESTI- DEATH MATE	X12 1	6-83	2b. HOUR
3	5EX	MA 14 RACE	S. DATE OF BIRT		NOTING 6 AGE (IN Y		NDER 1 YR.	IF UNDER	R 24 HRS	2c. DATE	MÔNTH	DAY YEAR	2d, HOUR
			MONTH DA		LAST BIRTH	MON (YAC		HOURS	MIN.	PRONOUNCED DE AD	12-1	6-83	3:05P
	BIRTHPLAC	WHITE E (STATE OR	10 76 CITIZEN OF			rs.				9. BALTIMORE C		19	M
54	FOREIGN COU	NTRY)	U.S				RIED   NE WED	VER MARE		Wicomico			
	MARYI CITY OR TO	WN OF DEATH	11. NAME OF H	OSPITAL,	NURSING HOM				12e USI	UAL OCCUPATION	TYPE OF WORK	12b. KIND OF B	USINESS
0	alisbu	rv			ve street address) General	Hosi	oital		FOR	MOST OF WORKING LIFE	)	OR INDUS	TRY
- 4		NCE (IF IN NURSING ) ON		GIVE RESIDE			13d. INSIDE C	ITV LIMITCS	III. STD	EET_ADDRESS	~21	Ocean	4
-38	MARYI	- V	RCESTER		CEAN C	ITY	YES -	NO K		1, Box	292	N'City	MD
	I. FATHER'S I		MIDDLE		LAST		15. MOTH	ER'S MAID	EN NAME	MIDDLE			
CE	ARREI		TINGHAM		*0.01			RICI.	A			GRÉEN	
5 "	WAS DEC	EASED EVER IN U.S. A	RMED FORCES?	16b. :	SOCIAL SECURI	TY NO.	17. INFORA	1	- 1		RESS		
1						1	Same	e as	Abo	ve			45.5
	18 CAL	JSE OF DEATH (Enter	anly ane cause per l	ine for (a)	, (b), and (c).)			C N	6			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	7 9		ATE CAUSE (a)		yxia								
2 7 7 7 5	Cor	ditions, if any, which		OR AS A C	ONSEQUENCE	OF							
	gav	re rise to immedia ise (a) stating the unde	te (b)	DA SA C	ONSEQUENCE	Or							
		g cause last.		JR AS A C	ONSEGUENCE	OF							
	PART 2 01	THER SIGNIFICANT CONDITIO	VS CONTRIBUTING TO DE	TH BUT NOT	RELATED TO THE TER	MINAL DISE	SE OF CONOTIO	N CIVEN IN D	AP1 1				
					ALLANCO TO THE TER	WINAL GIJE	JE OR CONDITIO	P DIATU IN 1	ART I ID				
/	190 DA	TE OF OPERATION	19b. CON	DITION F	OR WHICH OPE	RATION	VAS PERFOR	MED?				20 AUTOPS	Y?
4	Ĭ.											YES XX	NO 🗌
7		ERNAL CAUSE WAS		OF INJUR	Y ITH DAY YEA	R 21c. F	IOW INJURY	OCCURR	ED (ENTER	NATURE OF INJURY IN IT	EM 18 PART I OR PA	ART 2)	
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	CONTR 21d. INJI	NOT WHILE	CTOCCT O	ACTORY, FAR	JRY (AT HOME, M, ETC.)	211 1	STREET			CITY OR TOWN		DUNTY	STATE
)	AT WO	RK AT WORK	□xx	hous	e	2	1 Will	liam	St.		lin, Ma	ryland	
2	22a.	I certify that I took cho	rge af the remains	described -	abave, held an	Auta	psy XX.	Inspectio	an .	Inquiry .	and in my a	pinion	
1	death	resulted fram: No	oral causes .	Accide	ent 🔼 , s	uicide	, Hamid	cide .	Undet	ermined manner			
	ACTUAL	Al.	11-6	1 0	UN	0		PECIFY)				10 17 0	7
7	SIGNAT		My TO	ME	MOVE	X_	A.D. Assi	stan.	TMED	ICAL EXAMINER	DATE	ED 2-17-8	2
4		IER'S NAME		1	11 44	0		111	Dari	Ctroot			
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3	FINERAL		12/19/8	3 1	Evergi		Ceme	1777	1	REAL 250	Porce	STOR	M
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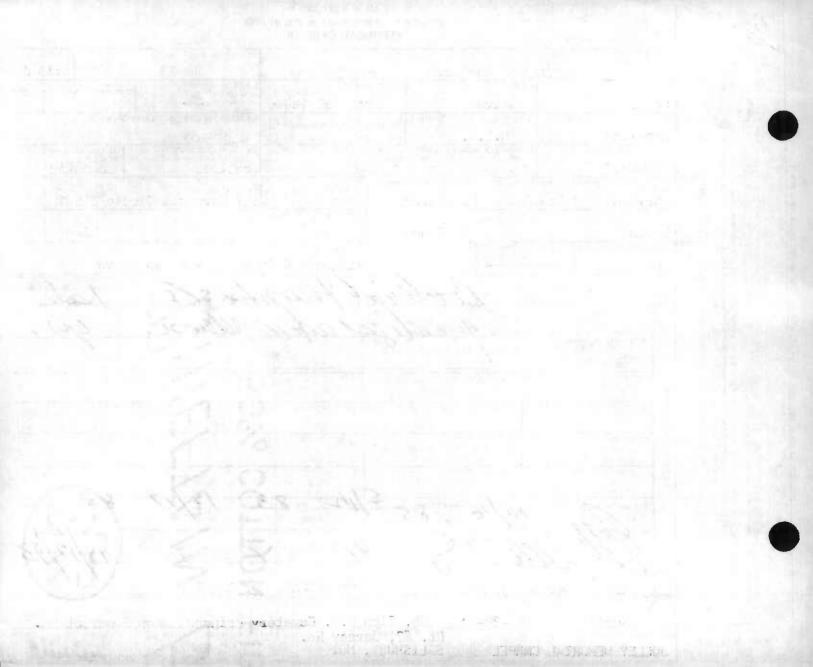
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44	1. SE)		4. RACE		3. DATE OF BIRTH	1899	& AGE IN TEARS LAST BE	THDAY #	UNDER FYEAR	# UNDER 24 HRS.
	Fe	male	Negro	0	March	2 1888	84 95	YRS.		mount, man
221	Pa. Bit	RTHPLACE   STATE OF FOREIG		WHAT COUNTRY?	MARRIED ANEV	ER MARRIED	9. BALTIMORE CITY C	R COUNTY O	FDEATH	
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35	13s. 5	TATE 13h.	COUNTY COMICO	Salisbur	N 1134 INSI	DE CITY LIMITS?	134 STREET ADDRESS 621 German	ia Circ	le/218	01
2 2	14.FA	THER'S NAME	WDOLE	Robinsor	10000	ER'S MAIDEN NA etsy			Kin	
Teda	16a. V	AS DECEASED EVER IN U.	S. ARMED FORCES? E3. GIVE WAR OR DATES!	TAN SOCIAL SECU	RITY NO. 17. INFO		ADDR	s as ab		9
buriel, o	NO	underlying couse to PART 2. OTHER SIGNIFIC	ANT CONDITIONS		DEATH BUT NOT RELA		INAL DISEASE OR CON	20b. IF YES, V	WERE FINDING CAUSES	GS USED
9	IFICATI	14s DATE OF OPERATION	IN CON				VES CI NOCI			
nile spows and mile	AL CERTIFICATION	21s. ACCIDENT WAS UNDERLYR OR CONTRIBUTING CAUSE	OF DEATH HOUR A	Service and the service and th	Y YEAR	W INJURY OCCUR	YES NO NO	YES		NO 🗆
hand Mental Mygene prior to ked or item 18 shows gay mju	MEDICAL CERTIFICATI	21s. ACCIDENT WAS UNDERLYR	NG   21th TIME   OF DEATH HOUR A AMINER; I		19 311. LOC		hand hand	YES I		
oud be detoched for use on the burnshitannil permit. The the State Dept. of Health and Mental Hygene prior to PORTANI. If them 21 is marked or item 18 shows any may make the state of the	1507	21s. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (# STHER NOTHY MEDICAL SK 21s. INJURY OCCURRED	PASSIBLE STATE OF DEATH HOUSE AND HOUSE STATE OF THE STAT	M. MONTH DA	ANM, ETC. 311, LOC ANM, ETC. 3 . ond that in DEGREE	ATRON  19  (my) (our) opinion  ATTENDING PHYSICIAN	cirros to  death accurred on the d	YES   YES   PART	COUNTY	NO STATE

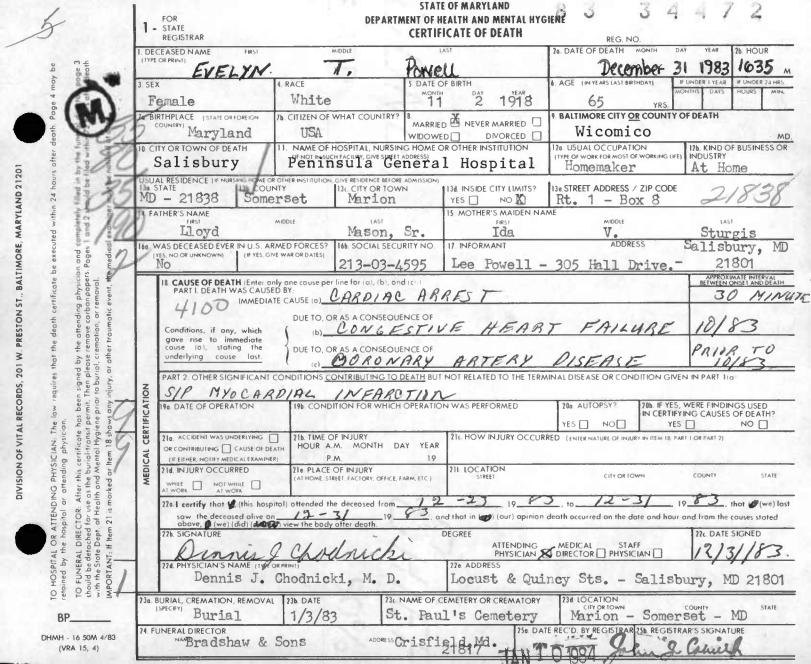
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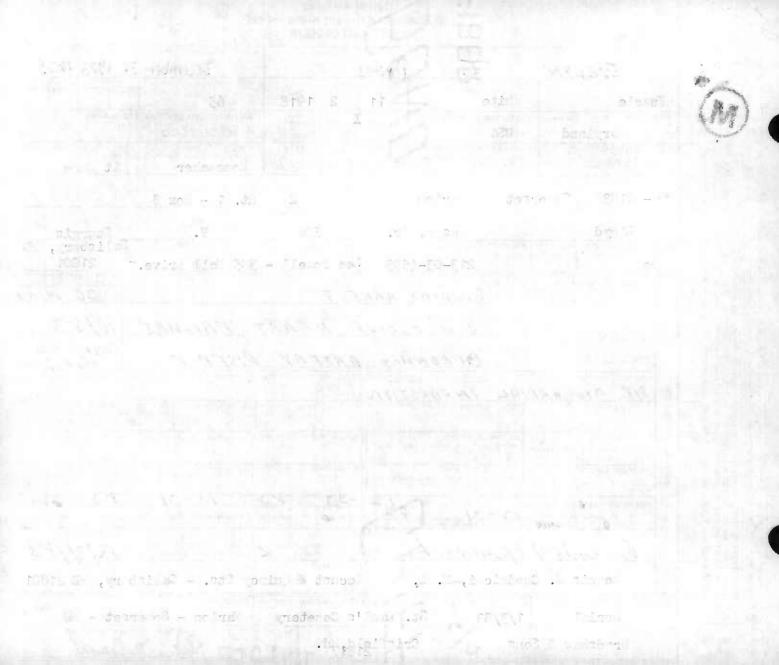
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STATE OF MARYLAND

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injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or Item

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.					
	CEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	76 HOUR			
11.16	Jimmy			Po	WELL	DECEMBER 23, 1983 1010						
3. SE)	Male	4 RACE Wh	ite	S DATE O		6 AGE (IN YEARS LAST BE		R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.			
- 0	RTHPLACE (STATE OF FOREIGN COUNTRY) aryland	76 CITIZEN OF	MHAT COUNTRY?	MARRIE WIDOW	DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH						
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12g USUAL OCCUPAT			F BUSINESS OR			
S	alisbury		4 0	enera	al Hospital	City Empl		STRY	nowhill			
13a S	100.000	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE  131 CITY OR TOW  WILLARDS	ADMISSION) N 3	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS	Box 139	d	21874			
b FA	THER'S NAME FIRST King	WIDDLE	Powell		Jenny	WIDDIE		West	t			
	VAS DECEASED EVER IN U.S. A LES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	215-20-45		Edith Jone	es Rt. #1 B	WI	11aı 218				
CERTIFICATION	Conditions, if any, which gave rise to immediate couse to stolling the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OI		NCE OF		INAL DISEASE OR CON  700 AUTOPSY?  YES □ NO□	20b. IF YES, WERE IN CERTIFYING (	FINDIN	IGS USED			
MEDICAL CER	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 71d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN ALL WORK ALL WORK	P.J. PLACE	M. MONTH DA	19	216. HOW INJURY OCCURR		URY IN ITEM 18 PART T OR	PART 2)	STATE			
	22a I certify that (I) (this has saw the deceased alive a above (I) (we) (Gid) aid r 27b SIGNATURE				nd that in (my) (our) apinion of DEGREE	to 12 - e	late and havr and fi					
	Ruckoald	beds	a		ATTENDING PHYSICIAN	MEDICAL STA	FF _ \		23.83			
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	uch		27e ADDRESS							
23a. B	URIAL, CREMATION, REMOVA	L 736 DATE	23€ №	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	TY	STATE			
	Burial	12-2	7-83	Powe	llville cem.		lle Wicon		MD			
	Baker & Bounds	705 E.	Main ST.	Sa	lisbury DEC	2 9 1983	ohuge	Charles	JRE .			

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYSIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 250 MONTH (TYPE OR PRINT) ESTI-Robert Walter DEATH MATED DEC Price 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Male Aug 16 143 40 DE AD Dec To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. New Jersev WIDOWED [ DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h. KIND OF BUSINESS Salisbury Peninsula General Hospital Exec. Director Bus. Org. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS

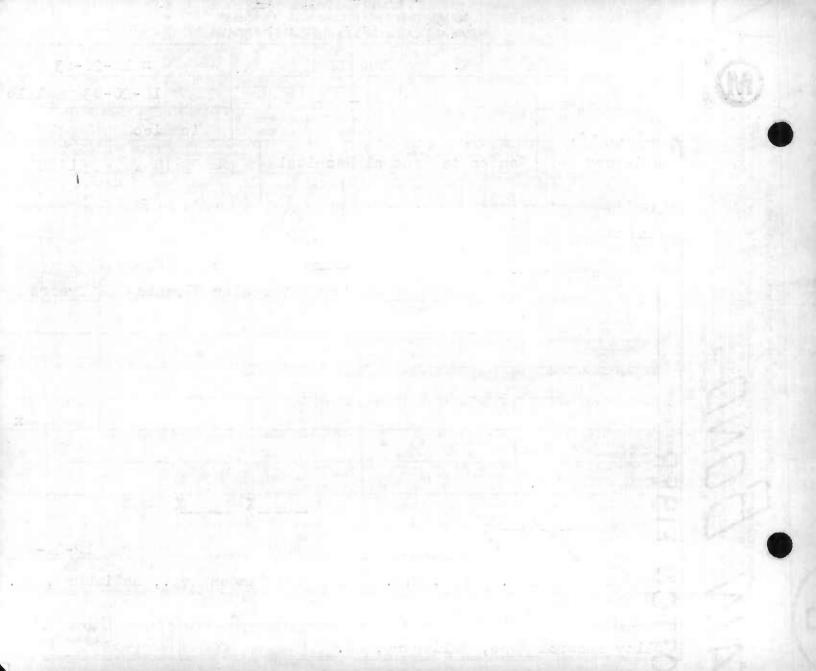
YES No & Rt. 3 Ward Road 13a. STATE 13c. CITY OR TOWN Maryland Wicomico Salisbury 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mack Price Harriet Kaminski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes 218 40 7462 Viet Catherine Price Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Trauma 11.5 days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Acute Renal Failure, Gram Negative Sepsis 19a. DATE OF OPERATION 20 AUTOPSY? 11/28/83 Traumatic Transection of the Aorta YES NO X 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JEM 18 PART LOR PART 21 UNDERLYING OR 28 1983 Automobile Accident CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. Highway Rt. WHILE AT WORK nr Naylor Mill Rd. Wicomico Mo Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Accident X Suicide death resulted fram: Natural causes Hamicide . Undetermined manner TITLE (SPECIFY) DATE 12/10/83 Deputy EXAMINER'S NAME Thomas C. Hill Jr. ADDRESS Pine Bluff Rd., Salisbury, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE Salisbury Wicomico Maryland 12/13/83 Wicomico Memorial Park Burial 250. DATE REC'D. BY REGISTRAR 100 EGISTRAR STORATION OF THE CONTRACT STORAGE AND THE CONTRACT STORAGE STORAGE STORAGE AND THE CONTRACT STORAGE ST 24 FUNERAL DIRECTOR Holloway Funeral Home; P.A. Salisbury, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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1	FOR			DEPART			ARYLAND AND MEN	TAI HYRIE	NE SELVI	3	4	. 10	
1-	STATE REGISTRAR			MEDICAL					ATH	REG. I	NO.		
	CEASED NAME	FIRST		WIGDLE			AST		20. DATE OF	KNOWN ESTI-	MONTH		25 HOUR
3. SE	× 14	REB.		E.	6. AGE (IN YE	URNE		THE POST OF THE	DEATH	MATED	M 12	-20 T,83	AM <sub>A</sub>
3. SE	^ _	BLK	DATE OF B	28 18	EAST BIRTHO	AY) MONTH		UNDER 24 HRS	PRONOU DEA	NCED 7		-83 ,	1516
	IRTHPLACE (STATE			OF WHAT COUN		8 MARRIE	D NEVER	MARRIED [	9 BALTI	MORE CITY	OR COUN	ITY OF DEATH	IV.
30.0	AL IS	MD.		USA HOSPITAL, NU			M			comi	_		WD
	alisbur		Peni:	UCH FACILITY, GIVES	RSING HOMI GREET ADDRESS) Gener		spita	FO	SUAL OCCU PROST OF WO DOME		YPE OF WORK	12b KIND OF B OR INDUS	TRY
	AL RESIDENCE (IF	0	OTHER INSTITUTI	ON, GIVE RESIDENCE		ON)	13d INSIDE CITY EI		TREET ADDR		2	1801	JUIN
	MD.	MIC	OMICO	SA	LISBU		YES X	10 0 6	48 M	IN-S	TREE	т Я	
1	ATHER'S NAME FIRST		WIDGLE		LAST		TS. MOTHER'S	MAIDEN NAA	WE	WIDGLE		LAST	
T60.	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SO	BARKLE CIAL SECURIT	Y NO.	17 INFORMAN	FLE		ADDRE	55	Bowe	N
	NO	(11 123, 511)	AR OR GATES,	1 1 2 2 2			LILLII	E MADI	XOC	SWAN	RD,		
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	402	GIMMEDIATE		D, OR AS A CON			41 410	Vascas	Lai D	130a	30	300	
		if any, which to immediate	(b)_										
	cause (a) sto lying cause	ating the <u>under</u> last.	DUE TO	O, OR AS A CON	NSEQUENCE	OF							-10
	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT REE	ATED TO THE TERM	IINAL DISEASE	OR CONDITION GIV	TEN IN PART 1 (n.					
NO													
CERTIFICATION	19a. DATE OF O	PERATION	19b_CC	ONDITION FOR	WHICH OPER	ATION W	AS PERFORMED	)?				20 AUTOPS	(3
E I	210 EXTERNAL C	AUSE WAS	21b. TIA	AE OF INJURY		ZIr. HC	W INJURY OC	CHRRED (ENTE	ER NATURE OF I	NJURY IN ITEM	18 PART 1 OR PA	YES  ART 2)	NO X
	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		P.M.	DAY YEAR	3							
MEDICAL	21d INJURY OCC	URRED NOT WHILE	21e PL STREE	ACE OF INJURY	(AT HOME,	2 Tf LOC	ATION		CITY OR TO	OWN	cc	DUNTY	STATE
		AT WORK						(FF)		(WORK)			
		hat I taak charge	- 13			Autaps	******	spectian X,	Inquiry		and in my a	pinian	
L	death resulted	ram: Nate	Equises LA	Accident	LJ, 50	icide 🔲,	Hamicide TITLE (SPEC		etermined n	nanner [			
	SIGNATURE	1/2	100	Va		M.	Depu	tx	DICAL EXA	MINER	DATE	12-22	2-83
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23q, E	URIAL, CREMATIC						CREMATORY		LOCATION				TATE
	BUR I AL	)P	12-29	1-83	REEN	ACRE		DATE REC'D.	ALIS	BURY	CISTRAPIC	SIGNATURE®	D.
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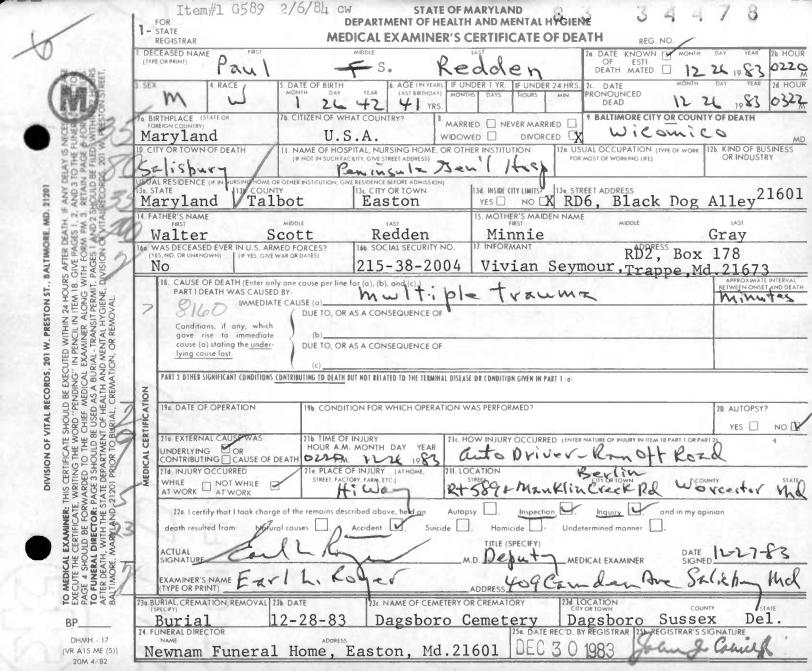
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E.WW. ELIZABETH WARKER	J15750 8	309030	T) 7627
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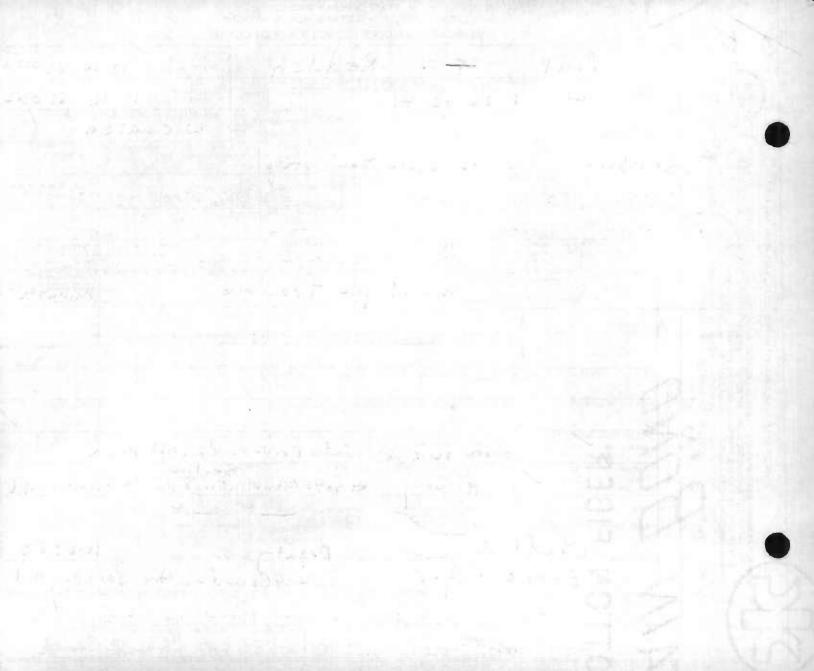
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LOCAST & QUINCY STREETS, SALISSURY, A 21 ...1

HOLLOWY FURERAL HOME, F.A. SALISBURY, MD.

LOWERUL. RAFFETTO, N.O.





#	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	REG. N	
moy be page 3		CRASED NAME CHAPT	/es D	ROBERTS  15. DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 16 HOUR  LC 12 1993 1715 M  THOAY) IPUNDER I YEAR 16 UNDER 24 HRS
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De executed on ond certification on the certification of the certificati		VAS DECEASED EVER IN U.S. AR YES, NO STUNKNOWN) (# YES, GIV	E WAR OR DATES		R. Roberts, Si	new Hill Hde
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours representations been signed by the attending physician and competition to she buriol-transit permit. Then please remove corbon papers. Pages I that all the and Mental Hygiene prior to buriol, cremotion, or removal. The medical control or them 18 shows any injury, or other troumotic event, the medical control or the medical control of the co		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)	OUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 21 The low requires cion. It hos been signe te hos been signe gree prior to bur shows ony injury, 6	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		TO DEATH BUT NOT RELATED TO THE		TOLE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
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OR ATTEND e hospitol o DIRECTOR: J Sched for use Dept. of Hen 1 is m		22s.1 certify that (I) (this hospe saw the deceased alive on	13./13	CZ /		that (I) (we) last the and have and from the course stated 27s, DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store		DAVID E	County,	MD 27% ADDRESS	Sin Divising	12/80)
BP		BURIAL, CREMATION, REMOVAL	12-17-83	COOLSprings	GIFALE	tree Mary/amil
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Property F. Dr.	ennic Snew		DEC 1 6 1983	REGISTRAR'S SIGNATURE

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5 Cont	1.	FOR STATE REGISTRAR		D	EPARTMENT OF	E OF MARYLAND  JEALTH AND MENTAL HY  FICATE OF DEATH	GIÈNE REG. N	40.	0 0	
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age 4 m actor, p	3, SE	female	4 RA	white	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIE		UNDER 1 YEAR	HOURS MIN
i ES	9	RTHPLACE (STATE OR FORE OUNTRY)  Maryland	GN 76 CI	USA	MARRIE	D NEVER MARRIED		MICO	F DEATH	_
Sty the tr	1	TY OR IQWN OF DEATH	W	F NOT IN SUGH FACILITY, GI	VE STREET ADDRESS)	or other institution	124 USUAL OCCUPAT (TYPE OF WORK FOR MOST housewi	ION OF WORKING LIFE)	12b. KIND OF	BUSINESS C
45 mg 23	130 Mg	AL RESIDENCE (IF NURSING STATE IN	OME OR OTHER COUNTY OTCES	ter Poc	CE BEFORE ADMISSION) OR TOWN OMOKE	134 INSIDE CITY LIMITS?	13k STREET ADDRESS 204 Lin		enue	1851
uted with	14. F	Jonathan	MIDDLE	ı	ÅST ller	15 MOTHER'S MAIDEN N. FIRST Anna	AME		LAST	vis
hapes 100		VAS DECEASED EVER IN	U.S. ARMED I	FORCES? 166 SOCIA	AL SECURITY NO 68-1557	17 INFORMANT Clarence E	Roberts	28 Win		
The law requires that the disable by the atternal to the prior to barial, coremition on any injury, or other to	CERTIFICATION		CANT CONO	10)	NO TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	20b. IF YES, V	WERE FINDIN	GS USED
dding physician.  der tha certificate te tha certificate be shurish fragion for Mental Hygien wild or Hem 18 sh	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (# EITHER, NOTHY MEDICAL E 21d. INJURY OCCURRED	SE OF DEATH KAMINER)	P.M.  The Place of Injury  ATHOME, STREET, FACTORY,	19	216 HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJU	YES IRY IN ITEM 18, PART		NO _
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TO HOSPITAL retained by the TO FUNERAL should be drifte with the State IMPORTANT	23a 8	URIAL CREMATION, REZ	141	to he	and the second	POB 23	28 Jack		ry 1	Wed 2
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	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND (2) EALTH AND MENTAL H ICATE OF DEATH		REG. NO.	O I	
		CEASED NAME FIRST WOODROV	M .	SELI	3 <b>Y</b>	DEC.	EMBER	11,1983	26 HOUR 1345 M
		male	white	Sept	DAY YEAR		59 YRS	MONTHS DAYS	HOURS MIN.
2	M	aryland	USA  NAME OF HOSPITAL, NUI	MARRIEI		9 BALTIMORE Wico			MD
2	S	alisbury	Peninsula  THER INSTITUTION GIVE RESIDENCE BI	Genera		TYPE OF WORK FO	RMOST OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
5	Ma	ATHER'S NAME	ester Pocom		13d INSIDE CITY LIMITS' YES NOTHER'S MAIDEN	rural		ox 211	X1851
1	2	William E.	. C. Selb	4	Sally	Fra	nces	Pr	uitt
2	0	VAS DECEASED EVER IN U.S. ARME YES. NO OR UNKNOWN) (IF YES, GIVE W WW2	VAR OR OATES		Jessie C	. Selby	P. O. B. Pocomok	ox 211 e City	, Md.
		PART I. DEATH WAS CAUSED IMMEDIATE OF Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSE    DUE TO, OR AS A CONSE	OUENCE OF OBSTRV	EST CTIVE PULMS		ENSE		
	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT		RMINAL DISEASE O			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPS	20b. IF YES	S, WERE FINDING YING CAUSES	IGS USED
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART ( OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
		220 I certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not) v		9, on	d that in (my) (our) apini	on death accurred a			couses stated
		Pole + CUL	2			MEDICAL DIRECTOR	STAFF PHYSICIAN [	12 /11	SIGNED /83
		ROBERT	ALIEN		Poco a mak	e MEN	CTA		

231 NAME OF CEMETERY OR CREMATORY

First Baptist

Pocomoke City, Md. DEC

23d LOCATION

Pocomoke

Cem.

STATE OF MARYLAND

Worcester Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECT

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230 BURIAL, CREMATION, REMOVAL

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23b. DATE

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	1.	FOR STATE REGISTRAR		DEPART	MENT OF HE	ALTH AND MENTAL HY CATE OF DEATH	GIÈNE REG. N	10.	5 4	
poge 3 or death		BETT		MIDDLE	S HOC S. DATE OF	KLEY BIRTH		MONTH DAY	1983 UNDER I YEAR	26. HOUR  10/5  # UNDER 24 HE
(M)		RTHPLACE INTARE OR FORFIG		WHAT COUNTRY	MARRIED	- 24 - 98  NEVER MARRIED	85	YRS.	OF DEATH	HOURS MI
80	10 C	Tyland ITY OR TOWN OF DEATH Salisbury		HOSPITAL, NURSI		OTHER INSTITUTION Hospital	Wicomi  12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWI	ION OF WORKING LIFE)	126 KIND OF	F BUSINESS
See See	Ma	al residence (# nursing hostate 136 G aryland Wi	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOV	rds	3d. INSIDE CITY LIMITS? YES NO K  5. MOTHER'S MAIDEN N	13e STREET ADDRESS New Hop	/ ZIP CODE e Roa(	d 21	874
1220	DI	Mathias Was deceased ever in U.	MIDDLE S. ARMED FORCES?	Whit	е	Marth IT INFORMANT			Ha	ddock
- Pope			(ES, GIVE WAR OR DATES)				Shockley,	Willa		MATE INTERVAL
to been signed by the semil. Then please are prior to favrial, crem	IFICATION	gave rise to immedia cause (a), stating the underlying cause later PART 2. OTHER SIGNIFIC.	ANT CONDITIONS C		DEATH BUT P	OT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USED
of front p	AL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEALH HOUR A	OF INJURY .M. MONTH (	DAY YEAR	216 HOW INJURY OCCU	RRED (ENIFR NATURE OF INJ.	YES URY IN ITEM 18 PAR	-	но 🗍
the man	MEDIC	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
D FUNERAL DIRECTOR: All could be detected for use on the the State Dept. of Health PORTANT, if here 21 is more		22a. I certify that the (this saw the deceased all above, (1) (we) (did) (the same of the	TYPE OR PRINT)	8 19 19 after death.	F3 , and		MEDICAL STA	late and havr o	22c. DATE S	causes stated
2438	23a.	BURIAL, CREMATION, REMO		23c.		METERY OR CREMATORY  By Family	23d LOCATION Willard	ls Wi	COMic	o MD
H ~ 16 50M 4/83 (VRA 15, 4)	24 F	(DIRECTOR	28.0	ADDRESS	P.O.	10 DODE	TE REC'D. BY REGISTRAN			

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	1	REGISTRAR			CERTIF	CATE OF DEATH	REG. I	NO.		
1	1. DE	CEASED NAME FIRST	E	WIDDLE	SHOCK	1/1	20 DATE OF DEATH	MONTH DAY	YEAR 2	1:50Au
A)	1, 5E	×	4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B	IF UNDER		IF UNDER 24 HRS.
No.	,	Jemale.	WHITE		MONTH 01	16 1893	90	YRS.		
35	PA	RESONSBURG, MAR		U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY WICOM	_	ATH	MD
50	10. C	Salisbury	Peni	HOSPITAL, NURSIN CHEACILITY GIVE STREET NSULA GO	IG HOME C ADDRESS] enera	1 Hospital	124 USUAL OCCUPA		KIND OF DUSTRY	BUSINESSOR
35	13a	AL RESIDENCE (IF NURSING AND ART LAND	OTHER INSTITUTION	GIVE RESIDENCE BEFORE WHITON		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE Maryla	and	21863
230		Greensbury Fra	nkiin Ho	1 loway		IS. MOTHER'S MAIDEN NA Emi 1 y	Belle Belle	Riley		
2	16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	212-40-		Whiton Route	Louis W. Sh e #, Snow H	ockley (	Son) land	21863
n poper movol		18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS	only one cause pe SED BY:	r line for (a), (b), an	d (c).)	0	4		APPROXIMA	ATÉ INTERVAL NSET AND DE ATH
6 6 9			ATE CAUSE (a)	acute 1	Mhac	what blee				-
on, or c		7510	DUE TO, C	R AS A CONSEQUE	ENCE OF					
emotion er frou	1	Canditions, if any, which gave rise to immediate	(b)							
other		cause (a), stating the underlying cause last	DUE TO, C	OR AS A CONSEOU	ENCE OF					
0			(c)							
W.	z	PART 2 OTHER SIGNIFICANT	-		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN IN F	PART Iras	
17	CERTIFICATION	19a DATE OF OPERATION	LIPE COND		OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	E FINDING	SS USED
17	FIC	The State of Camario and						IN CERTIFYING C		
1	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME (	OF INJURY		21c. HOW INJURY OCCUR			PART 2)	
2		OR CONTRIBUTING CAUSE OF D	HOUR A	.M. MONTH DA						
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M. OF INJURY	19	21f LOCATION				
	A.	WHILE NOT WHILE		TREET, FACTORY, OFFICE, P	ARM ETC )	STREET	CITY OR	OWN COL	YTAUC	STATE
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9		saw the deceased alive o	123	19	Va	nd that in (my) (aux) opinion	death occurred an the	date and hour and fr		
6		above, (I) (we) (did) (did- 22b. SIGNATORE	ot) view the bad	y after death.		DEGREE		22	2c DATE SI	IGNED
-		Kodn	111 971	ennel		ATTENDING	MEDICAL ST	AFF	12/4	183
3 1		224 PHYSICIAN'S MAME (TYPE	OR PANT)	0,0000		220 ADDRESS			. 1 .	
A PORTAN		RODNEY	07.4	WENRICH		100 POWE		ALISBURY	md	1. 21801
5	23a.	BURIAL, CREMATION, REMOVA	12/6/			emetery or Crematory at Cemetery	23d. LOCATION CITY OF TOWN Snow H	ill Worce	ster	Maryla
4/83		UNERAL DIRECTOR			74.11	25e, DA	TE REC'D. BY REGISTRA			
		Holloway Funer	al Home	P.A. Sa	lishum	W Md DE	C 8 = 1083	John	Sh G	shelf
	-	TOTTO	ST HOME	4/14 70	LIBUUL	The last to	The second		1	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO LAST 2s. DATE OF DEATH MIDDLE 7b. HOUR DECEASED NAME TYPE OR PRINT Allen TAYLOR R. Nov. 27. 1983 10:00P M A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH MALE WHI TE 1910 07 BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IRONSHIRE. MD. U.S.A. Wicomico WIDOWED [ II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)
Deer's Head Center ITYPE MERCHANT "SEAMA INDUSTRY Salisbury USUAL RESIDENCE (IF NURS OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STREET ADDRESS 1210 MARKET STREET 13d. INSIDE CITY LIMITS? WILL CITY OR TOWN MARYLAND POC OMOKE YEXX IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE GE ORGE BESSIE TAYLOR TILGHMAN 17 INFORMANT Mr. Woodrow Tay for 166 SOCIAL SECURITY NO. (Brother) 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 167-12-9173 NO 8211 Society Drive, Claymont, Del. 19703 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Lung with metastasta arcinoma IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 718. ACCIDENT WAS UNDERLYING 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 228.1 certify that (1) (this hospital) attended the deceased fram\_ saw the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED restha MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Maheswari Shrestha, M.D. Deer's Head Center; Salisbury, Md. 21801 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE Sussex Delaware Dape Henlopen Crematory Lewes (SPECIAL TON 11/29/83 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detai

MPORTANT:

Holloway Funeral Home, P.A. Salisbury, Md.

250. DATE REC'D. BY REGISTRAR 254 TEGISTRAR'S SIGNATURE DEC

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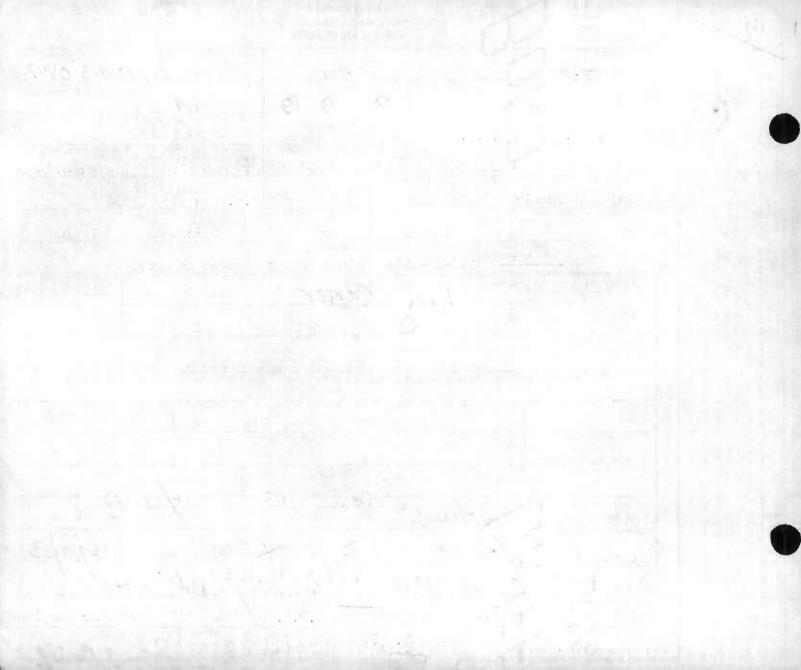
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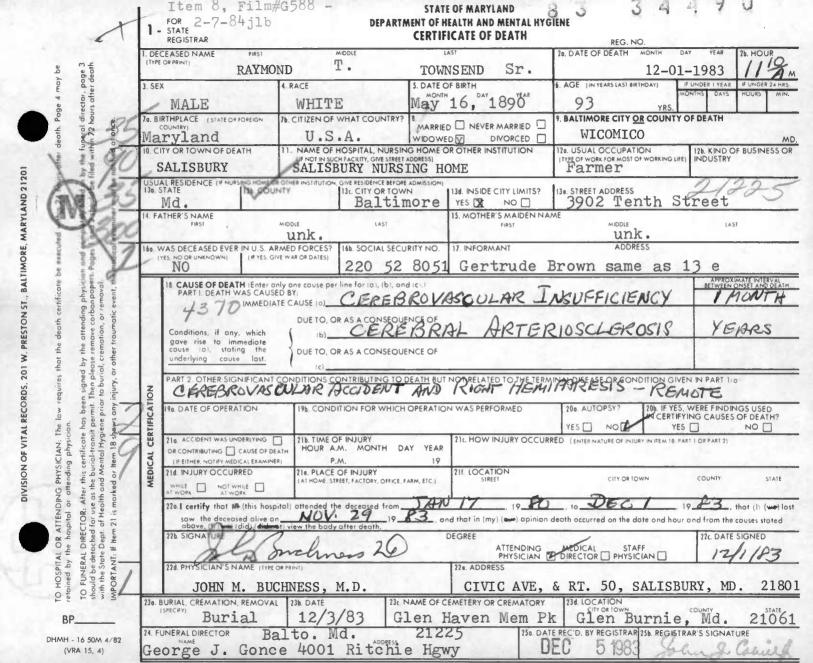
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			CEASED NAME	FIRST		WICOTE	-	AST		20. DATE OF DEATH	MONTH 0	AY YEAR	2b. HOUR	
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1 1832	-46	) SE	10		4 RACE		S. DATE C	F BIRTH	YEAR	& AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24	MIN.
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2 4	MIN		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	ARRIED 🗆	9. BALTIMORE CITY	_	OF DEATH		
heart heart	-	Sno	ow Hill, M		U.S		WIDOWE	D DIV	ORCED	Wicom	ico			MD.
he fu	(E/ /	10 C1	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTI	TUTION	12a USUAL OCCUPA		126. KIND C	F BUSINES	SOR
by t	10		Salisbur	-		nsula G		al Hos	pital	tarmer		Richan	BON IT	ims
0 212 I how I how d be	95)	USUA 130 S	AL RESIDENCE IN NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
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RYL vithin	う		THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	WE		LAS	Ť	
AM B F	08	Ec	dward			Taylo	r	Mary		Eliza	abeth		ylor	
vecut nd co	medicol		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMAN		ADDI	RESS			
BALTIMORE, MARYLAND 2) cote be executed within 24 ho ysicion and completely filled i	ae .	no				218-20-6	616	Linda	Taylor	same as	above			
BAL1	- F		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	r line for (p), (b), on	d (ci.)	C				BETWEEN	MATE INTERVI	EATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert oftending physician. Wifer this certificate has been signed by the ottending is at the burial-transit permit. Then please remove corbangs the burial-transit permit. Then	sjury,	N	PART 2. OTHER SIGI	VIFICANT (	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR COI	NDITION GIVE	N IN PART 16	0 '	
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OF O	a Irem		OR CONTRIBUTING			.M. MONTH DA	YEAR							
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VISI G PI orter s the	rked	¥	WHILE NOT WE	HILE	(AT HOME, S	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		ETTORI	/	COOKII	314	16
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			STATE OF MARYLAND	8 9
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4	11-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN MONTH	DAY YEAR 26, HOUR
4		PE OR PRINT)	OF ESTI-	
2856		Howard	Townsend DEATH MATED 12	16 1983 M
(自動物)	3. SE	4. RACE 5. DATE	TE OF BIRTH 6. AGE (IN YEARS IF UNDER T YR. IF UNDER 24 HRS. 21. DATE MONTH TH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR 456A
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お手が出	10. C		AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 1 FOR MOST OF WORKING LIFE)	JE KIND OF BUSINESS
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82.28	USU.		INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	THETTY
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0 1 2 2 2 V	/14 F	ATHER'S NAME	IS. MOTHER'S MAIDEN NAME	AAST
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BALTIMOS SS AFTER DI GIVE PAGE MITH FORM INVISION OF		IVO	- 1223-44-743 6 James lownsend Horn	town, vy.
MIT. PO		18 CAUSE OF DEATH (Enter only one co	couse per line for (o), (b), and (c).)	BETWEEN ONSET AND DEATH
N N N N N N N N N N N N N N N N N N N		PART I DEATH WAS CAUSED BY:	Stab wound of abdomen	
<b>2</b> 2 € 5 € 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			DUE TO, OR AS A CONSEQUENCE OF	
SA A PASIL		Conditions, if ony, which		
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		gave rise to immediate	(b)	
O MAN W		couse (a) stating the under- lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA RITING THE WORD "FRENDING". IN PENCIL IN ITEM 18. GIVE PAGES FOR THE CHIEF MEDICAL EXAMINER ALONG WITH FOR PER 35 SHOULD BE USED AS A BURAL. "RRANSIT PERMIT. PAGES AND PER PARTITH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURAL, CREMATION, OR REMOVAL.		3,119 00000	(c)	
PAL AL		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
EM PER EM	Z			
TAL RECC	CERTIFICATION	19g. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
AL IAL	/ 5	THE DATE OF OFERATION	170 CONDITION WHICH OF ENATION WAS FENT ON MED!	20 AUTOPST!
F XX2557				YES X NO
O HE HE	3 8		216. TIME OF INJURY A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PAR	[2]
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SPAN SIGNATURE S	MEDICAL		21e PLACE OF INJURY (ATHOME. 211, LOCATION	
DE SESSION OF THE SES	X		STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
PHIS WRI		AT WORK AT WORK	loading dock   Chesapeake Foods Berlin Worce	ester Md.
DIVISION OF VITAL REG R: THIS CERTIFICATE SHOULD I VIE, WORD "PER DRWARDED TO THE CHIEF M SR. PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DD, 21201 PRIOR TO BURAL, C		22a. I certify that I took charge of the	e remains proscribed above, held on Autopsy 🛴 , Inspection 🔲 , Inquiry 🔲 , and in my api	inion
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A S S S S S S S S S S S S S S S S S S S		ACTUAL // /	TITLE (SPECIFY)  Denuty Chief  DATE	12/16/02
★류성복투 <sup>까</sup> -	-	SIGNATURE /	M Deputy Chief MEDICAL EXAMINER SIGNED	12/16/83
OCEAN SILE	7/	2//	, ,	
A SHEEK		(TYPE OR PRINT) Thom	mas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.	
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRII PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	73× F	MACCREMATION REMOVAL 128 DATE	234 NAME OF CEMETERY OF CREMATORY 234 LOCATION	
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ar ather 1		gove rise to immediate cause (a), stating the underlying cause last.	(c)	A CONSEQUENCE OF			
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777	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. JIE EITHER, NOTHY MEDICAL EXAMINET  216. INJURY OCCURRED	CONDITIONS CONTE	RIBUTING TO DEATH BU  LUTUN VIVING TO DEATH BU  N FOR WHICH OPERATION  JURY  MONTH DAY YEAR  19	ON WAS PERFORMED  216. HOW INJURY OCCUP	yeardia 200 AUTOPSY? 206. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 \( \text{NO}\)
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or Item 18 shows any injury, ar ather		COUSE (0.), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE.  118 EITHER, NOTHEY MEDICAL EXAMINET  21d. INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  22a.1 certify that (1) (this hosp.)	21b. TIME OF IN. HOUR A.M. 21c. PLACE OF IN. Indicate the desired of the desired	RIBUTING TO DEATH BU LUTUM . MAN N FOR WHICH OPERATION MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) Ceosed from 12 r deoth. 19 83 r deoth.	216. HOW INJURY OCCUR  216. LOCATION STREET  19 83  and that in (my) (**Topinion**  DEGREE  ATTENDING PHYSICIAN  1226. ADDRESS	YEALIA  206 AUTOPSY?  YES NO YES  RRED (ENTER NATURE OF INJURY IN TIEM 18. PA	COUNTY STATE  22C. DATE SIGNED  12 24 83

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	3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS ME
ge 4	1	Female	White	May 26, 1903	80	yrs. 6 13
a Pag		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
oth 220		arvland	U. S. A.	WIDOWED DIVORCED		
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I IN ME YOU	The state of the s	AL RESIDENCE (IF NURSING HOME (			Housewil	6 1
1188/1999	13o :	STATE 136 COL	JNTY 13c. CITY OR TO		13e.STREET ADDRESS	
	-		omico Sharp		Main Str	eet 21861
1 1000	1	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
7 2 6000	Wi	ldey D. Gr	ravenor	Annie Bou	nds	
9 o o		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	SS
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sicial pers. of.		18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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hos per	ΙĔ				YES TI NOT	IN CERTIFYING CAUSES OF DEATH?
ysicions it rons it Hygie	1 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM IS PART ( OR PART 2)
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Sprits Sprits CTO CTO of lifer		saw the deceased alive a above (1) (we) (did) (did)	nat) view the body alter death.	and that in (my) (aur) apinia	n death accurred on the do	ote and hour and from the causes stated
OR AT DIRECT ched for Dept. a		226. SIGNATURE	7	DEGREE		224. DATE SIGNED
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shaul with IMPO	22.	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		arrandry, Mu. Z
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eoth eoth		CEASED NAME FIRST	W.	MIDDLE	TUR	NER	20	DATE OF DEATH		VEAR 83	26. HOUR
Page 4 may be director, page 3 hours ofter death	3. SE	MALE	4. RACE WHITE		5. DATE OF BIR	14 19	VEAR 02	AGE (IN YEARS LAST BIF	YRS		HOURS MIN.
ter dooth. Poge he funeral direct within 72 hours.		RTHPLACE (STATE OR FOREIGN COUNTRY)		S.A.	MARRIED WIDOWED	NEVER MARI	RIED 🔟	Wicomi	-	EATH	MD
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111100	14. F	ATHER'S NAME WILLIAM	K.	TURNER		MAGG	IE	AIDDIE	WILLI	AMS LAST	
ficate be execu hysician and c popers. Pages noval.		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	214-36-	RITY NO. 17 1	NOUTE #	Mr. J.	Brice Tu	rner (S	P830	
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ifal OR ATTENDING PHYSICIAN. by the hospital or attending physical DRECTOR. After this certifical eletoched for use as the burial-troisiote Dept of Health and Mental High Hem 21 is marked or liem 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED  WHILE NOT WHILE AL WORK  27a. I certify that (1) (4)  sow the deceased alive above 11 to 12.  27b. SIGNATI (8)	DEATH NER)  21e. PLACE (AT HOME, S  PINH) ottended to 12/0 view the bod	P.M.  F OF INJURY  REET, FACTORY, OFFICE, F  the deceosed from  y ofter depth.	19 211 211 3 , ond the	LOCATION STREET  Of in (my) (and PHY: ADDRESS	no prinion dec	CITY OR TO	ote and hour and	OUNTY	
Of Of M		RODNEY A BURIAL, CREMATION, REMOV (SPECKY) BURIAL	AL 236 DATE 12/12	23c 1	NAME OF CEME		MATORY	T. SA	LISBURY	TCO	D, ARYLAND
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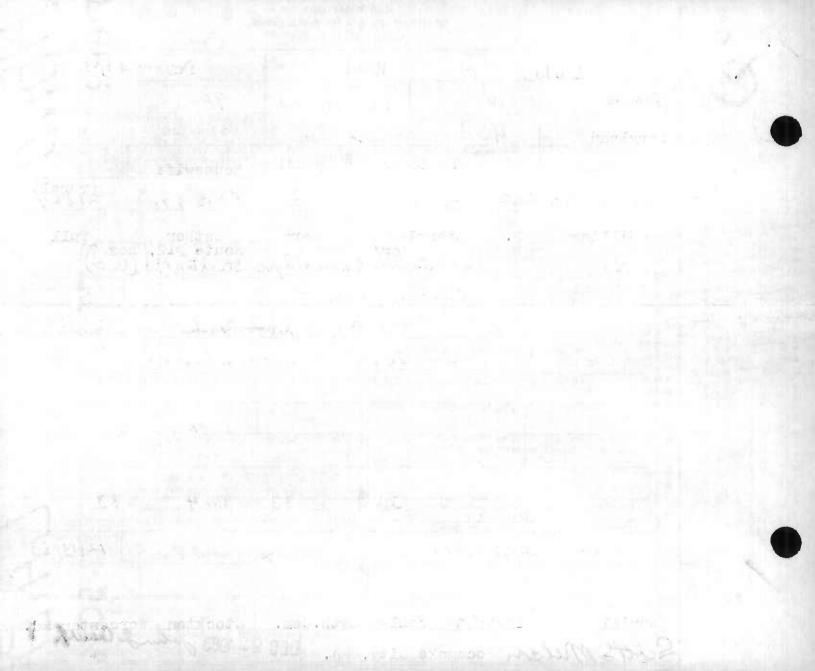
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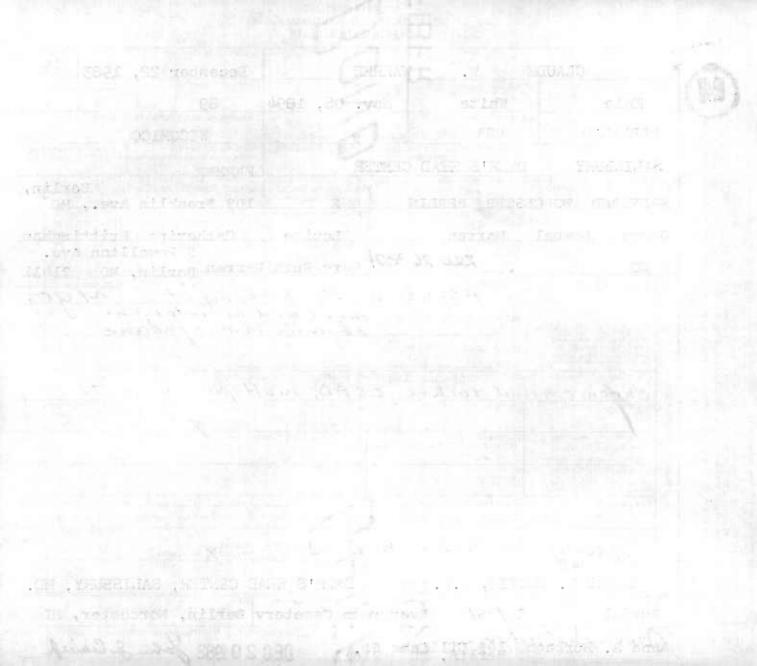
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2h HOUR DECEASED NAME LIYPE OR PRINTI DONAT.D R. emper (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 6 AGE 3. SEX MONTHS DAYS HOURS April Mhite BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Wicomico Maryland DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY National IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Peninsula General Hospital Salisbury Custodian Guard Armory SUAL RESIDENCE (IF HUME AND HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY Crisfield 13d INSIDE CITY LIMITS? I3e STREET ADDRESS / ZIP CODE Landon's Point Maryland Somerset YES K 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Olin MIDDLE MIDDLE Tawes Beatrice Ward P. ADDRESS Box 551 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) Monnie Mae Ward 265-24-7774 Crisfield, Md. Yes 21817 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY MONTHS YPERCALCEMIA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF METASTATIC SQUAMOUS CARLINONA OF KINNEY Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ALITOPSY? 70h JE YES WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO NO [ 710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF ENTHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from 19 63 , and that is (my) (sur) epinion death accurred on the date and have and from the causes stated sow the deceased olive on the body ofter death DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL 83 PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRES should b TOHN H. SHENASK Sunnyridge Cemetery CREMATION, REMOVAL Cristield Somerset 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 21817 Crisfield, Md. Bradshaw & Sons (VRA 15, 4)

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	FOR STATE REGISTRAR	DI	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	4 4 7 /
460	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	Ward	Decemb	DAY YEAR 25. HOUR 1910
ge 4 mo	3. SEX Female	4. RACE	5. DATE OF BIRTH  MONTH DAY  12 12/ 84	6. AGE (IN YEARS LAST BIRTHDAY) 98 YRS	MONTHS DAYS HOURS M
eoth. Po	Maryland	OREIGN 76. CITIZEN OF WHAT COL	UNTRY? 8: MARRIED NEVER MARRIED WIDOWED DIVORCED		TY OF DEATH
s ofter d by the fy filed with	Salisbury	reninsula	nursing home or other institution vesicemenal Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING housewife	12b. KIND OF BUSINESS INDUSTRY
filled in	USUAL RESIDENCE (IF NURS 130. STATE Maryland		ICE BEFORE ADMISSION)  DR TOWN  13d. INSIDE CITY LIMITS  YES NO	PO B0x 78	rural 2/8/2
ompletely sand 2 s	FATHER'S NAME FIRST William		arpley Mary	Esther	Tull
on and construction of the second construction o	16a, WAS DECEASED EVER (YES, NO OR UNKNOWN)	LIE YES GIVE WAR OR DATES!	al securging 17 Informant Bonnie Wia	Route \$2,	Box 78 (Gdtx)
ertificate ng physicic bonpoper removal.	18. CAUSE OF DEATH PART I. DEATH W 4792	H (Enter only one couse per line for (a), AS CAUSED BY: IMMEDIATE CAUSE (a)	reface Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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been sign mit. Then prior to bu	YOU I 190. DATE OF OPERAT		NG TO DEATH BUT NOT RELATED TO THE T	20g AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
physicion. rificate hos si-tronsit per tol Hygiene	CO COLUZOIOUNIO		TH DAY YEAR 21c. HOW INJURY OC		YES NO
HYSK nding his ce burid d Men or he	(IF EITHER, NOTIFY MEDIC	CALEXAMINER) P.M.  21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
IENDING P ital or atter OR: After tl or use os the f Health one	220.1 certify that (I) saw the decease	(this hospital) ottended the deceased	19	3 , to Dec 4	, 19 , that (I) (we) I
the hosp the hosp to DIRECT stoched for the Dept. a	22b. SIGNATURE	fid) (did not) view the body after death	DEGREE ATTENDIN		221. DATE SIGNED
retoined by the TO FUNERAL should be dette with the State	22d. PHYSICIAN'S NA	IME (TYPE OR PRINT)	22e ADDRESS	- PA DINTELOK   SUIZICIAN	
BP C d M	230. BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 236 DATE 12/7/83	23c NAME OF CEMETERY OR CREMATO Wesley Meth.Cem	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 SUNERAL DIRECTOR	m A A	DDRESS OKE City. Ma. OF	DATE REC'D. BY REGISTRAR 735 REGIS	Worcester Mo





STATE OF MARYLAND FORItem 19a&b film 587 Crdepartment of HEALTH AND MENTAL HYGIENE STATE REGISTRAR-19-84 cm CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) November 4. 1983 7:40 West Rose 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH May 24. 1912 White Female 70. 8 IRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico County ENNSYLVANIA WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h. KIND OF BUSINESS OR Deer's Head Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury HOUSEWIFE SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS RT. 3, BOX 1136 COUNTY 113d. INSIDE CITY LIMITS? WEST ST. BERLIN A FATHER'S NAME MICHAEL MIDDLE SZESZAKIAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. WILLIAM MICHAEL WEST (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 26 7812 HEBRON, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the Confestive Heart Zaique underlying cause lost. Roccurs Pu PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mid August 83 Fatty Necrosis NOX YES 21g ACCIDENT WAS UNDERLYING 21h TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1: 40 AM 11-4 10 , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22d, PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 007 23d LOCATION 230. BURIAL CREMATION REMOVAL 23b. DAJE 23t. NAME OF CEMETERY OR CREMATORY BEREIN RIVERSIDE DHMH - 16 50M 4/82 (VRA 15, 4)

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21; -10-3400 1125 RIVERSIDE BRIVE, SALISBURY, MD. 21801

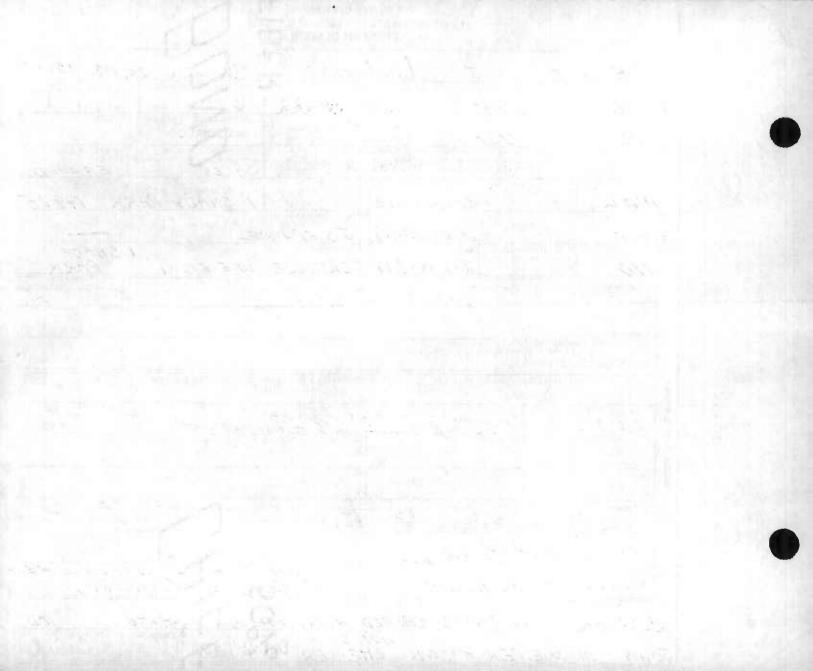
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HOLLOWAY FIRE AL HOME, P.M. SALISUNKY, 10.

a V	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	.5 U I
de oth	{ TYPE		nond S.	W	ite	Dopomber 8,1.	983 8644. M
De 4 mo	3. SE	male	White	Marc.	h 7, DAY 1910 EAR	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Po	20	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN U. S. A.	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD.
offer d	U	alisbury	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Peninsula	TREET ADDRESS)		120 USUAL OCCUPATION TYPE OF WORKING LIF REL. Oast Yuan	126. KIND OF BUSINESS OR INDUSTRY 2 GOVERNMENT
24 haurs illed i wild be	USU 13q	AL RESIDENCE (IF NURSING HOME)	UNTY , INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDECITY LIMITS?	130 STREET APPRESS / ZIPCODE	eet 99999
mpletely f		ATHER'S NAME William H	. White LASI		15 MOTHER'S MAIDEN NA	C. Hudson	LAST
n ond cor Poges 1	16a \	VAS DECEASED EVER IN U.S. (IF MEB)	ARMED FORCES? 166. SOCIAL 230-4	2-5527	Ruby M. Whis	te Chinco teague,	
physicia npapers. mavol.		PART I. DEATH WAS CAU	only one cause per line for (0), (b SED BY: ATE CAUSE (0)	and ici	esst.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he low requires floor. has been signed thermit Then ples ten prior to burion to the purior to the pu		PART 2 OTHER SIGNIFICAN POUCLY SUS 190 DATE OF OPERATION 11-16-83	Severally  196 CONDITION FOR W  delayes	HICH OPERATIO	uned coud C	IN CERTIF	EN IN PART 110  5, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
HYSICIAN: TI nding physicia ns certificate buriol-troasi 8 Mentol Hygis or Item 18 sq	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMIL 21d. IN JURY OCCURRED	DEATH HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18. F	COUNTY STATE
ENDING Polar after the control of an after the control of the cont	W	WHILE AT WORK AT WORK 220.1 certify that the control of the sow the deceased alive	spital) attended the deceased f	om	19_8	deoth accurred on the date and hou	19 5 , that ( we) lost
AL OR ATT the hospin AL DIRECTI detoched fo of Dept. of IT: If Hem 2		obove, (1) the (did) (did)	not view the body ofter death.		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the State I IMPORTANT; If		224 THY STCTAN'S NAME (TYP			22e ADDRESS		
799BP9		BURIAL, CREMATION, REMOV. Burial	236, DATE 12-11-83	Downing	emetery or crematory 2 Cenetery	23d LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME DEONE	S. Salyer	ess Chia	u teng Det	TEGE 1983	Canaly ,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 76. HOUR 1. DECEASED NAME (TYPE OR PRINT) UGENE ember AGE (IN YEARS LAST BIRTHDAY) 4 RACE MONTH YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE I STATE OF FOREIGN Wicomico WIDOWED DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury SEAFOO JOUAL RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS! SHANY 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. MME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on\_ and that in (m) (aur) apinian death occurred on the date and haur and from the causes stated abave, (W(we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be de with the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY HEARTOFTESUS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

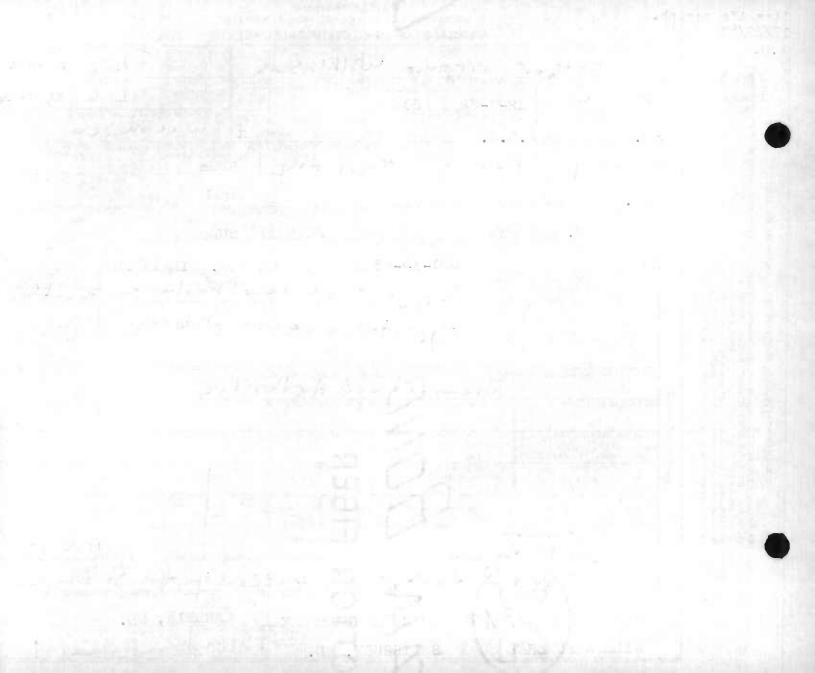


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN TO MONTH DAY (TYPE OR PRINT) VIRGIL H. WILKINS DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 2-30-83 MALE WHITE July 31,1914 DEAD 6 9RS Ta BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico USA Maryland ID. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Poultry Grower Salisbury Chicken Hospital Berlin. | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 136 | YES □ NO [X | Rt. 2, Box 136 | 13c. CITY OR TOWN Worcester Berlin Maryland 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Truitt Daniel Wilkins Annie IT. INFORMANT ADDRESS EYES NO OR LINKNOWN Doris Wilkins Rt. 2, Box 136 32 2088 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion minutes DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which Hypertensive Cardiovascular Disease vears gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I taok charge of the remains described above, held an Accident Undetermined manner DATE 12-30-83 Deputy SIGNATURE MEDICAL EXAMINER Earl L. Royer, M.D. Camden Ave., Salisbury, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Libertytown, Worcester MD Burial Riverside Ceme **DHMH - 17** (VR A15 ME (5) 20M 4/82

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Item 13e per|pheor DEPARTMENT OF HEALTH AND MENTAL HYBRENE 12/29/83 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO K.G. DECEASED NAME 2a. DATE KNOWN 26 HOUR LIYPE OR PRINTS OF ESTI-0134 FS DEATH MATED 83 SINIO AGE (IN YEARS SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY MONTHS PRONOUNCED DAYS 0136 DEAD I2-6-32 To BIRTHPLACE ISTATE OR b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED DIVORCED X WIDOWED [ D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFET NONE NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ISUAL RESIDENCE (IF IN NURS 30 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRESS WICOMICO YES NO [ MD. MARDELA 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1.651 MIDDLE LAST NORMAN BENNETT JUANITA BUDD 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS IYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 900-13-4612 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSI HEALTH AND MENITY ... if any, which gave rise to immediate ORI cause (a) stating the under-DUE TO, OR AS A CO SEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION USED AS 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 26 AUTOPSY? STATE DEPARTMENT OF HE YES [] NO I BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE OR: PAGE 3 SHOULD UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21F LOCATION STREET, FACTORY FARM, FTC 1 STREET CITY OR TOWN STATE WHILE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE H, WITH THE S 220 I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: Accident Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME TYPE OR PRINT 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL TIM DATE COUNTY STATE MARDELA BURIAL 12/9 83 MARDELA CEMETERV BP DOTE REC'D BY REGISTRAN 256 REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** MD (VR A15 ME (51) 20M 4/82

STATE OF MARYLAND



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE LAND TO SEE STATE OF THE BOLL OF THE PARTY OF THE PARTY. STATE OF THE STATE St. 1200 M. Aurost 15

THE RELEASE CONTRACTOR WALLS OF A PROCESS OF A STATE OF THE PARTY OF T

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled

should be detoched for use as the buriol-tronsit permit. Then please remove corbondapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remavol.

IMPORTANT: If Hem 21 is marked at Hem 18 shows ony

24 FUNERAL DIRECTOR

Melson

	FOR	
-	STATE	
	REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Γ.	STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	).	
	CEASED NAME FIRST	WIDOLE		LAST	20. DATE OF DEATH	MONTH OAY YEA	AR 26 HOUR
	JOHN	WILLIAM WIN	BROW	SR.	Decembe	r 6. 198	33 8: Aug
3. SEX		4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIRTH		
	male	white	Sep		78	YRS.	AYS HOURS MIN.
7o. BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OF		н
	irginia	USA	WIDOWI		Wicomi	CO	MD
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12b. KIN	D OF BUSINESS OR
	alisbury /	Peninsula Ge	enera	l Hospital	retired F	armer	IRY )
130 S	TATE 136 COU	rother institution give residence before NTY 13c. CITY OR TOVE ester Stockt	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS rte. 1.	Box 144	1864
14. FA	THER'S NAME	MIDOLE LAST	200	15. MOTHER'S MAIDEN NA			
1		Villiam Wimb	row	Lillie	MIDDLE		Gunter
	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	rteADDR	Box 14	
a land ( )	no	217-36	-0634	Lotta Wiml		kton, Md	
NOI	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF THE TO, OR AS A CONSEQUENCE OF THE TOP TO THE	JENCE OF	CELOTIC C DL	SEASE		1 1(a)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR			
MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET	CITY OR TOW	OUNTY	STATE
	220. I certify that (1) (this hosp sow the deceased blive on above, (1) we (thick (did no 22b. SIGNATURE)			DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	death occurred on the date of	274. DA	that (I) (we) last the causes stated  ATE SIGNED  2-9-53
220 01	J.G. Sonti		NAME OF S			e city	11.10
(5	URIAL, CREMATION, REMOVAL PECIFY) Burial	1 - 1 - 1 - 1 -		EMETERY OR CREMATORY	Cem Stock	cton Won	M.A.

Pocomoke City, Md.

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